

## State of California - California Environmental Protection Agency Department of Toxic Substances Control P.O. Box 806

Sacramento, CA 95812-0806

# **FINAL NOTICE**

# 2006 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

ELECTRONIC CHROME & GRINDING CO IN 132 DICE RD SANTA FE SPRINGS, CA 90670-0000	C If your mailing address has changed, please PRINT or TYPE the correct address below. Do not abbreviate.			
5 2 51 Hillas, 54 \$0070-0000	Address:			
	City/State/Zip:			
2. Location address: 9132 DIC SANTA	NOT ALTER INFORMATION IN THIS AREA 191427 IE RD ***********************************			
3. Federal Employer Number (FEII	N) 95 2489408 (See instructions on back)(New in 2006)			
	(BOE) 14-608234 (See instructions on back)(New in 2006) or more tons of hazardous waste in a calendar year.)			
5. COMPANY OWNER INFO: HILIP REED PRESIDENT 132 DICE RD	NOTE: California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance at 1-877-454-4012. Do NOT the control of the			
SANTA FE SPRINGS, CA 90670-2545 562)946-6671 000)000-0000	Company owner or Corp. name:			
	Address:			
	City/State/Zip:			
	TelephoneFax			
_	Date of ownership change:			
6. My new EPA ID number is	s			
7. CUMPANY NAME:	If printed comments			
LECTRONIC CHROME & GRINDING C	If printed company name is incorrect, please provide correct name:  O IN©ompany name/ AKA:			
IKE REED	If printed contact is incorrect or blank, please provide correct information:  Name/Title:			
I32 DICE RD ANTA FE SPRINGS, CA 80670-2545	Address:			
62)946-6671	City/State/Zip:			
00)000-0000	TelephoneFax			
	Business email address:			
9. SIC CODE (4 digits): 3399	if printed SIC Code is incorrect or blank, please provide correct information:			
0. If the business has moved	you must CANCEL the EPA ID number listed on Line 1. (See reverse side			
Check here if you wish to CANC	EL tile EPA ID number.			

99.00

12/08/06

2006

00.

CHECK: 025047 12/08/06 STATE OF CALIFORNIA

CHK TOTAL:

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.disc.ca.gov

# SCHEDULE A - MANIFEST FEE CALCULATION SHEET (2005 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391427 N	ame of organization: ELECTRONIC CHROME & GRINDING CO IN
From January 1, 2005 through December 31, 20 the Department of Toxic Substances Control recount the number of California Manifests shown at the right the ERA ID printed of the standard of th	rded Name 1
using the EPA ID printed above.	Recycled: 1 (NOTE: There is no fee for solely recycled manifests.)
Manifest Fee Calculation:	There is no fee for solely recycled manifests.)
a. Enter the total number of non-recycled m	anifests from above
b. How many of the non-recycled manifests non-recycled air compliance solvent manif	listed on Line a. are lests6 X \$3.50 = \$ 21.00
	b. from Line a6 X \$7.50 = \$ _45_00_
d. No fee due for recycled manifests	\$0.00
e. Total of Line b. + Line c.	s b. and c. should equal the count on Line a.
INSTRUCTIONS FOR	COMPLETING COLUMN T

## INSTRUCTIONS FOR COMPLETING SCHEDULE A

- For lines a. e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- For this assessment there are three types of manifests: non-recycled, recycled and air compliance 2. solvents manifests. Manifests used solely for recycled waste will have a handling code reported as "01" or "R01" in Item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals 3. from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air 4. compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

37.
00
37.50
90/60/90
JUN-06 JUN-06A

CHECK: 024423 06/15/06 ACCOUNTING UNIT

CHK TOTAL:

45.00

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.dtsc.ca.gov

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (2005 Manifests)

(See back of this form for sample manifest form.)

the De	January 1, 2005 through December 31, 2005, epartment of Toxic Substances Control recorded mber of California Manifests shown at the right	Non-recycled: 6	
using	the EPA ID printed above.	Recycled: 1	
Moni	fest Fee Calculation:	nere is no fee for solely recycled manifest	s.)
IVIAIII	rest ree Calculation:		
а.	Enter the total number of non-recycled manifests from above	/e <u>6</u>	
b.	How many of the non-recycled manifests listed on Line a. a non-recycled air compliance solvent manifests	nre 	
C.	Subtract the number of manifests on Line b. from Line a	6 X \$7.50 = \$ 45.00	
d.	No fee due for recycled manifests	\$ - 0.00	
Θ.	Total of Line b. + Line c	= \$ 45.00 equal the count on Line a.	

#### INSTRUCTIONS FOR COMPLETING SCHEDULE A

- 1. For lines a. e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- 2. For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- 3. If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- 4. On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

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4. Generalar's Phone ( )							44
5. Transporter 1 Company Name		. US EPA ID Number		- S-Sion 11	ansporter's ID		
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7. Transporter 2 Company Name	8	. US EPA ID Number		E State Ter	reporter's ID		
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9. Designated Facility Name and Site Add	10.	. US EPA ID Number					
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This is a sample man	ifest included	for your i	nformatio	n only		<u> </u>	
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15. Special Handling Instructions and Addit	Honel Information						
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n order to determine ecycled, look at the h	if your waste andling codes	in Item K.	(circled a	bove)	base by proper	hipping name and	are dassiri
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DO NOT WRITE BELOW THIS LINE.



State of California - California Environmental Protection Agency Department of Toxic Substances Control P.O. Box 806 Sacramento, CA 95812-0806

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.dtsc.ca.gov

## SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete Instructions.)

All completed forms and appropriate fees must be submitted not later than 10 days from the date of receipt.

A. EPA ID NUM 1. Name of	IBER VERIFIC your organizati	ATION FEE (Jon: ELECTRO	luly 1, 2005 throng	ough June 30, 2 & GRINDING	2006) CO. INC.	,
2. Enter the	total number o	f California em				
Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250
	(Total EPA	ID Number	Verification F	ees not to exc	eed \$5000)	
	EPA ID Numbe	er Verification	Fee rate from th	e table above:		\$ <u> </u>
				held by your org ermanent EPA IE in your total on	ganization: O number you ard Line 4. See inst	1 e reporting. ructions.)
5. Multiply L	ine 3 by Line 4:					=\$
6. TOTAL E OR \$5000	PA ID Number ), whichever an	Verification Fenount is less.):	e due (Enter the	odollar amount f	rom Line 5 abov	e \$ _
Line e on  C. GRAND TOT  1. Add Line  It is not ur  If fee is du	AL OF EPA ID A6 and Line Bacommon to not be, please make	NUMBER VE , enter the tot towe fees. Your check pe	RIFICATION FE	e IOIAL of the lation Sheets.) ES AND MANIF	Calculation She dollar amounts  FEST FEES  and submit all for ount on this line:	from \$_0
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hereby certify ur and Schedule B is Signature of Prep	arer: ( )2	was Delland		the Verification		, Schedule A(s)
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## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (2004 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: C	:AD008391427	Name of organization:_	ELECTRONIC CHROME & GRINDING C
the Department of Tox the number of Californi	through December 31, 2 ic Substances Control rec ia Manifests shown at the	orded	Non-recycled: 4
using the EPA ID printe		(NOTE: There is n	Recycled: 2 to fee for solely recycled manifests.)
Manifest Fee Cal	culation:		recycled marinesis.)
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<ul> <li>b. How many of the non-recycled air</li> </ul>	ne <b>non-recycled</b> manifesta ir compliance solvent man	s listed on Line a. are ifests	)X \$3.50 = \$
c. Subtract the nu	mber of manifests on Line	b. from Line a	$\frac{4}{1}$ X \$7.50 = \$ $\frac{30.00}{1}$
d. No fee due for i	recycled manifests	•••••	\$0.00
e. Total of Line b.	+ Line c		20 10

## INSTRUCTIONS FOR COMPLETING SCHEDULE A

- 1. For lines a. e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
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### SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted not later than 30 days from the date of receipt

Number of Employees	read instructions	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250
	(Total EPA	ID Number	Verification F	ees not to exc	eed \$5000)	
3. Enter the	EPA ID Numb	er Verification F	ee rate from th	e table above:		\$
(NOTE:	Attach a VQ for	rm and Schedu	le A for each p	s held by your org ermanent EPA IE d in your total on	number you are	reporting.
5. Multiply	Line 3 by Line 4	:				=\$
	EPA ID Numbe 00, whichever a			ne dollar amount	from Line 5 abov	re \$
(If you a	e dollar amount <i>re reporting mo</i>	from Line e on re than one ID	your Schedule number, enter t	A – Manifest February The <b>TOTAL</b> of the Julation Sheets.)		
1. Add Lin It is not If fee is o	e A6 and Line E uncommon to n due, please mak write one of yo	31, enter the tot ot owe fees. Yo e your check pa ur EPA ID nun	al dollar amour ou are still requ syable to "DTSC obers on your	ired to complete " for the total am	and submit all fo ount on this line:	=\$ 30.0
and Schedule E	under penalty o B is true and cor eparer:	rect.		on the Verification		
Name (please p	orint):		<del></del>	Date:	Phone:_	
			N FOR DEPART	MENT USE ONLY	1	
Check No:		MOUNT	DATE	·	CID NO:	
12560055:	12	560092:	1256	0065:		
12560035:	12	2560091:	AMO	UNT DUE:		
	4.0	2560096;	DDIA	MARY ID #:		

DTSC 1194B [front] (4/05)

## INSTRUCTIONS FOR COMPLETING SCHEDULE B - FEES SUMMARY SHEET

### SECTION A (EPA ID Number Verification Fee for 2004/2005)

NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.

- <u>Line 1:</u> Enter the **full** name of your organization. Do not abbreviate.
- <u>Line 2:</u> Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 2004 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district.)
- Line 3: Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.
- <u>Line 4:</u> Enter the total number of **permanent** EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, **you must still include that number in this total.** The fee is required because that EPA ID number was active during the billing period (July 1, 2004 through June 30, 2005).
- <u>Line 5:</u> Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).
- <u>Line 6:</u> Enter either the amount shown on Line 5, **OR** \$5000 (whichever amount is **less**). The maximum EPA ID Number Verification Fee is \$5000 per organization.

## SECTION B (Manifest Fees for January 1, 2004 through December 31, 2004)

<u>Line 1:</u> Enter the **total** manifest fees due. This amount is shown on Line e on the **Schedule A** – Manifest Fee Calculation Sheet. If your organization has more than one EPA iD number, enter the **total** of the dollar amounts from **all** your Schedule A – Manifest Fee Calculation Sheets.

## SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)

<u>Line 1:</u> Add Line **A6** and **B1**. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC" or use the credit card payment form. Please write one of your EPA ID numbers on your check.

# YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

- ✓ Verification Questionnaire (one form for each EPA ID number)
- ✓ Schedule A Manifest Fee Calculation Sheet (one form for each EPA ID number)
- ✓ Schedule B Fee Summary Sheet (only ONE of these forms is needed for your entire organization)

022035

TUN-04

06/15/04

37.50

.00

37.50

CHECK: 022035 06/24/04 ACCOUNTING UNIT

CHK TOTAL:

37.50

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.dtsc.ca.gov

## 2004 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that all enclosed forms be completed and returned with appropriate fees not later than 30 days from the date of receipt. Instructions for all forms are included.

ELECTRONIC CHROME & GRINDING 9132 DICE RD SANTA FE SPRINGS CA 90670-2545		If your mailing address has changed, please PRINT or TYPE the correct address below: Address:		
		City/State/Zip:		
		No City Abbreviations		
EPA ID Number: CADO     Location address: 9132     SAN	008391427 DICE RD CA FE SPRINGS CA 9067(	MATION IN THIS AREA 0-0000		
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If your business has m	noved, call GISS.		
3. COMPANY OWNER INFO: PHILIP REED PRESIDENT	NOTE: California EP to another owner. If t call GISS for assistan	PA ID numbers issued by DTSC may not be transferred the ownership of your organization has changed, please noe. Do NOT fill in new owner information below.		
P132 DICE RD SANTA FE SPRINGS CA 90670-2545 562)946-6671	Company owner or Corp. name:			
	Address:			
	City/State/Zip:			
	Date of ownership	change:		
4.  My new EPA ID number is	eate of ownership t			
5. COMPANY NAME:	If printed company na	ame is incorrect, please provide correct name:		
6. CONTACT INFO:		ncorrect or blank, please provide correct information:		
MIKE REED				
9132 DICE RD SANTA FE SPRINGS CA 90670-2545	Address:			
(562)946-6671				
	Telephone:			
		dress:		
7. SIC CODE (4 digits): 3399		s incorrect or blank, please provide correct information:		
8.	ANCEL the EPA ID num	nber listed on Line 1. (See reverse side.)		

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DTSC 1193 [front] (3/04)

#### Hazardous Waste Handlers:

This is your fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Number Verification Fee is for all valid EPA ID numbers held by your organization during the fiscal year 2003/2004 (from July 1, 2003 through June 30, 2004). The Manifest Fee assessment is for all manifests used by your organization from January 1, 2003 through December 31, 2003.

Instructions are included to assist you in completing these forms and calculating the required fees, if applicable. Frequently asked questions and answers are available under "Managing Hazardous Waste" at our website <a href="https://www.disc.ca.gov">www.disc.ca.gov</a>. If you have any questions, please contact DTSC's Generator Information Services Section (GISS) toll free at 1-877-454-4012 if you are dialing within California, or 1-916-255-4439 if you are outside California. The GISS operating hours are 8:30 a.m. to 4:30p.m. (Pacific Standard Time), Monday through Friday. (Note: The phone lines will be very busy. Please be prepared to be placed on hold.)

All forms and payment, if any, are due **30 days from the receipt of this assessment notice**. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Return all forms and payment in the enclosed return envelope or to the following address:

Accounting Unit, EPA ID
Department of Toxic Substances Control
P.O. Box 806
Sacramento, CA 95812-0806

## INSTRUCTIONS FOR COMPLETING THE VERIFICATION QUESTIONNAIRE

You are mandated by law to provide or verify the information on the verification questionnaire and return to DTSC.

#### Printed organization name and mailing address:

Provide any correction to the organization's printed mailing address.

#### Lines 1 and 2 (shaded box):

Check your records to verify that the printed EPA ID number and location address are both correct. Do not change, strike out, or write over this information. If the information is incorrect, please call GISS for assistance. (NOTE: EPA ID numbers are site specific to the location to which they are originally issued. EPA ID numbers cannot be moved to another location. If the location address printed on Line 2 is no longer the address of your site, please call GISS for assistance. You may need a new EPA ID number.)

#### Lines 3 and 4:

Provide any corrections and/or additions to the information pre-printed on this form. However, if there has been a change in ownership, call GISS. When there is a change in ownership, you must get a new EPA ID number. GISS staff will instruct you about Line 4 when you call.

#### Lines 5 and 6:

Provide any corrections and/or additions to the information pre-printed on this form. Please provide your business email address. This will be part of the facility record and can be used to send you information on the annual verification process. For security reasons, we do not accept personal Hotmail, Yahoo, or Juno email addresses.

#### Line 7:

Provide any corrections to your SIC (Standard Industrial Classification) Code for your primary business activity. If no SIC Code is pre-printed on Line 7, please provide the primary SIC Code for your business. The SIC Code is a four digit number that best describes your company's primary business activity. If your company's SIC Code is unknown, you can obtain the number on the Internet at: <a href="https://www.osha.gov/oshstats/sicser.html">www.osha.gov/oshstats/sicser.html</a>

#### Line 8:

Check this box ONLY if you wish to cancel the EPA ID number shown on Line 1. Cancellation date will be June 30, 2004.

If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each of your permanent EPA ID numbers. You must complete both forms for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B – Fees Summary Sheet.)

DTSC 1193 [back] (3/04)

### SCHEDULE A - MANIFEST FEE CALCULATION SHEET (2003 Manifests)

(See back of this form for sample manifest form.)

EPA I	D Number: CAD008391427	Name of organization:_	ELECTRONIC CHROME & GRINDING CO				
_	Lawrence December Of	2000	INC				
the De	From January 1, 2003 through December 31, 2003, the Department of Toxic Substances Control recorded Non-recycled: 5 the number of California Manifests shown at the right						
	he EPA ID printed above.		Recycled: 3				
		(NOTE: There is r	no fee for solely recycled manifests.)				
Mani	fest Fee Calculation:						
a.	Enter the total number of non-recycled	manifests from above	5				
b.	How many of the non-recycled manifes non-recycled air compliance solvent man	ts listed on Line a. are	X \$3.50 = \$				
c.	Subtract the number of manifests on Lin	e b. from Line a	5 x \$7.50 = \$ 37.50				
d.	No fee due for recycled manifests		\$0.00				
e.	Total of Line b. + Line c						

#### INSTRUCTIONS FOR COMPLETING SCHEDULE A

- 1. For lines a. e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- 2. For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- 3. If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- 4. On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

State of California - California Environmental Protection Agency Department of Toxic Substances Control P.O. Box 806 Sacramento, CA 95812-0806

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.dtsc.ca.gov 2004

## SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted **not later than 30 days** from the date of receipt.

A.	EPA ID NUM	/BER VERIFIC	ATION FEE (Ji	uly 1, 2003 thro	ough June 30, 2		date of receipt.
	2. Enter the	e total number o	f California em	ployees in your the back of this	entire organizati form.)	ion:	
	umber of mployees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more
100000	PA ID ee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250
		(Total EPA	ID Number	Verification F	ees not to exc	eed \$5000)	
	3. Enter the	EPA ID Numb	er Verification F	ee rate from th	e table above:		\$
	(NOTE:	Attach a VQ for	m and Schedu	le A for each ne	held by your organized the second by the second second in the second sec	ganization: D number you are Line 4. See insti	reporting.
	5. Multiply l	Line 3 by Line 4	:				=\$ <u>D</u>
	6. TOTAL 8 OR \$500	EPA ID Number 10, whichever ar	Verification Femount is less.):	ee due (Enter th	e dollar amount	from Line 5 abov	e \$
	1. Enter the (If you ar Line e o	e dollar amount re reporting mor n <b>all</b> your Sche	from Line e on re than one EP. dule A – Manife	A ID number, er est Fee Calcular	A – Manifest Feater the TOTAL to the Sheets.)	e Calculation She of the dollar amo	eet. <sub>.</sub> unts from \$ <u>37.50</u>
C.	1. Add Line It is not u  If fee is d	e A6 and Line B Incommon to no ue, please make	11, then enter that ot owe fees. You your check pa	ne total dollar ar ou are still requi	red to complete ' for the total am	FEST FEES  and submit all fo ount on this line:	rms. =\$ <u>37,50</u>
То	pay your fees	via credit card, o	complete the end	losed "EPA ID ar	d Manifest Fee C	redit Card Paymer	t Form".
Sig	nature of Pre	parer:	Dove Sill		_	Questionnaire(s KKEEPER	), Schedule A(s)
Nai	me (please pi	rint): Joyce	Ciudin		Date: 6/15/0	Phone: 5.	62-946-6671
			THIS SECTION	N FOR DEPART	MENT USE ONLY		
Ch	neck No:	\$A	MOUNT	DATE		CID NO:	
12	560055:	125	560092:	12560	065:		
12	560035:	125	560091:	AMOU	NT DUE:		
12	560075;	125	560096:	PRIMA	ARY ID #:		
DTS	C 1194B [front] (3	/04)	· · · · · · · · · · · · · · · · · · ·				

## INSTRUCTIONS FOR COMPLETING SCHEDULE B - FEES SUMMARY SHEET

#### SECTION A (EPA ID Number Verification Fee for 2003/2004)

NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.

- <u>Line 1:</u> Enter the full name of your organization. Do not abbreviate.
- Line 2: Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 2003 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district.)
- <u>Line 3:</u> Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.
- <u>Line 4:</u> Enter the total number of **permanent** EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, **you must still include that number in this total.** The fee is required because that EPA ID number was active during the billing period (July 1, 2003 through June 30, 2004).
- <u>Line 5:</u> Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).
- <u>Line 6:</u> Enter either the amount shown on Line 5, **OR** \$5000 (whichever amount is less). The maximum EPA ID Number Verification Fee is \$5000 per organization.

### SECTION B (Manifest Fees for January 1, 2003 through December 31, 2003)

<u>Line 1:</u> Enter the **total** manifest fees due. This amount is shown on Line e on the **Schedule A** – Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the **total** of the dollar amounts from all your Schedule A – Manifest Fee Calculation Sheets.

### SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)

<u>Line 1:</u> Add Line **A6** and **B1**. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC" or use the credit card payment form. Please write one of your EPA ID numbers on your check.

# YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

- ✓ Verification Questionnaire (one form for each EPA ID number)
- ✓ Schedule A -- Manifest Fee Calculation Sheet (one form for each EPA ID number)
- ✓ Schedule B Fee Summary Sheet (only ONE of these forms is needed for your entire organization)

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.dtsc.ca.gov

### 2003 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that all enclosed forms be <u>completed and returned</u> with appropriate fees **not later than 30 days from the date of receipt.** Instructions for all forms are included.

ELECTRONIC CHROME & GRINDING CO INC If your mailing address has changed, please 9132 DICE RD PRINT or TYPE the correct address below: SANTA FE SPRINGS CA 90670-2545 Address: City/State/Zip: DO NOT ALTER INFORMATION IN THIS AREA 1. EPA ID Number: CAD008391427
2. Location address: 9132 DICE RD SANTA FE SPRINGS CA 90670-0000 If your business has moved, call GISS. NOTE: California EPA ID numbers issued by DTSC may not be transferred 3. COMPANY OWNER INFO: to another owner. If the ownership of your organization has changed, please call GISS for assistance. Do NOT fill in new owner information below. Company owner or Corp. name: PHILIP REED PRESIDENT 9132 DICE RD Address: SANTA FE SPRINGS CA 90670-2545 City/State/Zip:\_ (562)666-6671 (562) 946-6671 Telephone: Date of ownership change: 4. My new EPA ID number is 5. COMPANY NAME: If printed company name is incorrect, please provide correct name: ELECTRONIC CHROME & GRINDING company name:\_ CO INC 6. CONTACT INFO: If printed contact is incorrect or blank, please provide correct information: Name/Title: Address: MIKE REED 9132 DICE RD City/State/Zip: SANTA FE SPRINGS CA 90670-0000 Telephone: (562) 946-6671 (562)666-6671 Business email address: 7. SIC CODE (4 digits): If printed SIC Code is incorrect or blank, please provide correct information: 3399 9. Check if you would like to verify online in 2004. We will use the email address above. 10. ☐ Check if your business has a total of 49 or fewer employees in all business locations in California. This will help us determine if we should send you fee forms in 2004.

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption.

For a list of simple ways you can reduce demand and cut your energy costs, see our Web-site at www.dtsc.ca.gov.

Printed on Recycled Paper

#### Hazardous Waste Handlers:

This is your fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Number Verification Fee is for all valid EPA ID numbers held by your organization during the fiscal year 2002/2003 (from July 1, 2002 through June 30, 2003). The Manifest Fee assessment is for all manifests used by your organization from January 1, 2002 through December 31, 2002.

Instructions are included to assist you in completing these forms and calculating the required fees, if applicable. Frequently asked questions and answers are available under "Managing Hazardous Waste" at our website <a href="www.dtsc.ca.gov">www.dtsc.ca.gov</a>. If you have any questions, please contact DTSC's Generator Information Services Section (GISS) toll free at 1-877-454-4012 if you are dialing within California, or 1-916-255-4439 if you are outside California. The GISS operating hours are 8:30 a.m. to 12:00 noon and 1:00p.m. to 4:30p.m. (Pacific Standard Time), Monday through Friday. (Note: The phone lines will be very busy. Please be prepared to be placed on hold.)

All forms and payment, if any, are due **30 days from the receipt of this assessment notice**. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Return all forms and payment in the enclosed return envelope or to the following address:

Accounting Unit, EPA ID
Department of Toxic Substances Control
P.O. Box 806
Sacramento, CA 95812-0806

## INSTRUCTIONS FOR COMPLETING THE VERIFICATION QUESTIONNAIRE

You are mandated by law to provide or verify the information on the verification questionnaire and return to DTSC.

#### Printed organization name and mailing address;

Provide any correction to the organization's printed mailing address.

#### Lines 1 and 2 (shaded box):

Check your records to verify that the printed EPA ID number and location address are both correct. Do not change, strike out, or write over this information. If either line is incorrect, please call GISS for assistance. (NOTE: EPA ID numbers are site specific to the location to which they are originally issued. EPA ID numbers cannot be moved to another location. If the location address printed on Line 2 is no longer the address of your site, please call GISS for assistance. You may need a new EPA ID number.)

#### Lines 3 and 4:

Provide any corrections and/or additions to the information pre-printed on this form. However, if there has been a change in ownership, call GISS. When there is a change in ownership, you must get a new EPA ID number. GISS staff will instruct you about Line 4 when you call.

#### Lines 5 and 6:

Provide any corrections and/or additions to the information pre-printed on this form. Please provide your business email address. This will be part of the facility record and can be used to send you information on the annual verification process. For security reasons, we do not accept personal Hotmail, Yahoo, or Juno email addresses.

#### Line 7:

Provide any corrections to your SIC (Standard Industrial Classification) Code for your primary business activity. If no SIC Code is pre-printed on Line 7, please provide the primary SIC Code for your business. The SIC Code is a four digit number that best describes your company's primary business activity. If your company's SIC Code is unknown, you can obtain the number on the Internet at: <a href="https://www.osha.gov/oshstats/sicser.html">www.osha.gov/oshstats/sicser.html</a>

#### Line 8:

Check this box ONLY if you wish to cancel the EPA ID number shown on Line 1.

#### Line 9.

Check this box if you would like to complete this verification form online in 2004. You must provide a business email address in Line 6.

#### <u>Line 10:</u>

Please check this box if you have 49 or less employees employed by your organization in California. An employee must have worked more than 500 hours during the calendar year 2002 to be included in your total. "Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district. DTSC will use this information to determine if we need to send you fee forms in 2004.

If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each of your permanent EPA ID numbers. You must complete both forms for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B – Fees Summary Sheet.)

DTSC 1193 [back] (3/03)

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Callf.) www.dtsc.ca.gov

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (2002 Manifests)

(See back of this form for sample manifest form.)

EPA ID Number: CAD008391421	Name of organization:ELECTRONIC CHROME & GRINDING INC
From January 1, 2002 through December the Department of Toxic Substances Control the number of California Manifests shown at using the EPA ID printed above.	31, 2002, I recorded Non-recycled: 2
Manifest Fee Calculation:	
a. Enter the total number of non-recycl	ed manifests from above2
b. How many of the <b>non-recycled</b> man non-recycled air compliance solvent	ifests listed on Line a. are 2 X \$3.50 = \$ 7.00
c. Subtract the number of manifests on	Line b. from Line a X \$7.50 = \$0
d. No fee due for recycled manifests	\$0.00
e. Total of Line b. + Line c	Lines b. and c. should equal the count on Line a.

### INSTRUCTIONS FOR COMPLETING SCHEDULE A

- 1. For lines a. e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- 2. For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used *solely* for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- 3. If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- 4. On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

State of California – California Environmental Protection Agency Department of Toxic Substances Control P.O. Box 806 Sacramento, CA 95812-0806

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.dtsc.ca.gov 2003

## SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete instructions.)

All completed forms and appropriate fees must be submitted not later than 30 days from the date of receipt.

A. EPA ID NUMBER VERIFICATION FEE (July 1, 2002 through June 30, 2003)  1. Name of your organization: ELECTRONIC CHROME & GRINDING CO., INC.							
2. Enter the	e total number o read instructions	f California em s for Line 2 on i	ployees in your the back of this	entire organizati form.)	on: 16		
Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249 250 – 499 500 or more			
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250	
	(Total EPA	A ID Number	Verification F	ees not to exc	eed \$5000)		
3. Enter the	EPA ID Numb	er Verification F	ee rate from th	e table above:		\$	0
4. Enter the	total number o	f permanent E	PA ID numbers	held by your org	anization:		1
(NOTE:	Attach a VQ foi	m and Schedu	le A for each pe	ermanent FPA II	number you ere	reporti	ng.
			noi pe incluaea	in your total on	Line 4. See insti	ructions.	.)
5. Multiply L	ine 3 by Line 4	:				=\$	
6. <b>TOTAL</b> E <b>OR</b> \$500	6. TOTAL EPA ID Number Verification Fee due (Enter the dollar amount from Line 5 above OR \$5000, whichever amount is less.):						
<ul> <li>B. MANIFEST FEE (January 1, 2002 through December 31, 2002)</li> <li>1. Enter the dollar amount from Line e on your Schedule A – Manifest Fee Calculation Sheet. (If you are reporting more than one EPA ID number, enter the TOTAL of the dollar amounts from Line e on all your Schedule A – Manifest Fee Calculation Sheets.)</li> <li>C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES</li> <li>1. Add Line A6 and Line B1, then enter the total dollar amount. It is not uncommon to not owe fees. You are still required to complete and submit all forms. If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$ 7,00 Please write one of your EPA ID numbers on your check.</li> </ul>							
To pay your fees v	via credit card, o	complete the end	losed "EPA ID ar	ud Manifest Fee C	redit Card Paymer	it Form".	
I hereby certify u and Schedule B Signature of Pre Name (please p	is true and cori	rect,			Questionnaire(s		
Name (please p	rint):			ritle: Date:	Phone:		
		THIS SECTION	N FOR DEPART	MENT USE ONLY			<del></del>
Check No:	\$A	MOUNT	DATE		CID NO:		******
12560055:	12!	560092;	12560	065:			
12560035:	129	560091:	AMOL	INT DUE:			
12560075:	12	560096:	PRIMA	ARY ID #:		`.	
DTSC 1194B [front] (3	/03)						

## INSTRUCTIONS FOR COMPLETING SCHEDULE B - FEES SUMMARY SHEET

### SECTION A (EPA ID Number Verification Fee for 2002/2003)

NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.

<u>Line 1:</u> Enter the full name of your organization. Do not abbreviate.

<u>Line 2:</u> Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 2002 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district.)

Line 3: Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.

Line 4: Enter the total number of permanent EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, you must still include that number in this total. The fee is required because that EPA ID number was active during the billing period (July 1, 2002 through June 30, 2003).

<u>Line 5:</u> Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).

<u>Line 6:</u> Enter either the amount shown on Line 5, **OR** \$5000 (whichever amount is **less**). The maximum EPA ID Number Verification Fee is \$5000 per organization.

## SECTION B (Manifest Fees for January 1, 2002 through December 31, 2002)

<u>Line 1:</u> Enter the **total** manifest fees due. This amount is shown on Line e on the **Schedule A** – Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the **total** of the dollar amounts from all your Schedule A – Manifest Fee Calculation Sheets.

## SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)

Line 1: Add Line A6 and B1. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC" or use the credit card payment form. Please write one of your EPA ID numbers on your check.

# YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

✓ Verification Questionnaire (one form for each EPA ID number)

✓ Schedule A – Manifest Fee Calculation Sheet (one form for each EPA ID number)

✓ Schedule B – Fee Summary Sheet (only ONE of these forms is needed for your entire organization)

DTSC 1194B [back] (3/03)

# 

019499

8

58.00

06/12/02

2002

58.00

CHECK: 019499 06/13/02 ACCOUNTING UNIT

CHK TOTAL:

58.00

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.dtsc.ca.gov

### 2002 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that all enclosed forms be completed and returned with appropriate fees not later than 30 days from the date of receipt. Instructions for all forms are included.

ELECTRONIC CHROME & GRINDING CO	If your mailing address has changed, please NINC PRINT or TYPE the correct address below:				
9132 DICE RD SANTA FE SPRINGS CA 90670-2545	Address:				
	City/State/Zip:				
DO NO	CALTER INFORMATION IN THIS AREA				
1. EPA ID Number: GAD008 2. Location address: 9132 DI SANTA	B391427 Barrier Barrie				
	NOTE: California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance. Do NOT fill in new owner information below.				
PHILIP REED PRESIDENT 9132 DICE RD	Company owner or Corp. name:				
SANTA FE SPRINGS CA 90670-2545	Address:				
(562)946-6671	City/State/Zip:				
	Telephone:				
	Date of ownership change:				
4.  My new EPA ID number is					
5. COMPANY NAME:	If printed company name is incorrect, please provide correct name:				
ELECTRONIC CHROME & GRINDING	Company name:				
6. CONTACT INFO:	If printed contact is incorrect or blank, please provide correct information:  Name/Title:				
MIKE REED 9132 DICE RD	Address:				
SANTA FE SPRINGS CA 90670-2545	City/State/Zip:				
(562)946-6671	Telephone:				
7. SIC CODE (4 digits):	If printed SIC Code is incorrect or blank, please provide correct information:				
3471					
8.	ANCEL the EPA ID number listed on Line 1. (See reverse side.)				
9. Would you like an HWTS user ID If yes, please provide:	to manifest online?  uges  no				
U	ser's full name User's business email address				
The energy challenge facing Californ For a list of simple ways you o	nia is real. Every Californian needs to take immediate action to reduce energy consumption. can reduce demand and cut your energy costs, see our Web-site at www.dtsc.ca.gov.				

@ Printed on Recycled Paper

DTSC 1193 [front] (4/02)

#### **Hazardous Waste Handlers:**

This is your fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Number Verification Fee is for all valid EPA ID numbers held by your organization during the fiscal year 2001/2002 (from **July 1**, 2001 through June 30, 2002). The Manifest Fee assessment is for all manifests used by your organization from **January 1**, 2001 through December 31, 2001.

Instructions are included to assist you in completing these forms and calculating the required fees, if applicable. Frequently asked questions and answers are available under "Managing Hazardous Waste" at our website <a href="www.dtsc.ca.gov">www.dtsc.ca.gov</a>. If you have any questions, please contact DTSC's Generator Information Services Section (GISS) toll free at 1-877-454-4012 if you are dialing within California, or 1-916-255-4439 if you are outside California. The GISS operating hours are 8:30 a.m. to 12:00 noon and 1:00p.m. to 4:30p.m. (Pacific Standard Time), Monday through Friday. GISS is closed from 12:00 noon to 1:00 p.m. daily. (Note: The phone lines will be very busy. Please be prepared to be placed on hold. If you get a busy signal, please try again later.)

All forms and payment, if any, are due **30 days from the receipt of this assessment notice**. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Return all forms and payment in the enclosed return envelope or to the following address:

Accounting Unit, EPA ID
Department of Toxic Substances Control
P.O. Box 806
Sacramento, CA 95812-0806

### INSTRUCTIONS FOR COMPLETING THE VERIFICATION QUESTIONNAIRE

You are mandated by law to provide or verify the information on the verification questionnaire and return to DTSC.

#### Printed organization name and malling address:

Provide any corrections to the organization's printed mailing address.

#### Lines 1 and 2 (shaded box):

Check your records to verify that the printed EPA ID number and location address are both correct. Do not change, strike out, or write over this information. If either line is incorrect, please call GISS for assistance. (NOTE: EPA ID numbers are site specific to the location to which they are originally issued. EPA ID numbers cannot be moved to another location. If the location address printed on Line 2 is no longer the address of your site, please call GISS for assistance. You may need a new EPA ID number.)

#### Lines 3 and 4:

Provide any corrections and/or additions to the information pre-printed on this form. However, if there has been a change in ownership, call GISS. When there is a change in ownership, you must get a new EPA ID number. GISS staff will instruct you about Line 4 when you call.

#### Lines 5 and 6:

Provide any corrections and/or additions to the information pre-printed on this form.

#### Line 7:

Provide any corrections to your SIC (Standard Industrial Classification) Code for your primary business activity. If no SIC Code is pre-printed on Line 7, please provide the primary SIC Code for your business. The SIC Code is a four digit number that best describes your company's primary business activity. If your company's SIC Code is unknown, you can obtain the number on the Internet at: <a href="https://www.osha.gov/oshstats/sicser.html">www.osha.gov/oshstats/sicser.html</a>

#### Line 8:

Check this box ONLY If you wish to cancel the EPA ID number shown on Line 1.

#### Line 9.

If you would like access to DTSC's Hazardous Waste Tracking System (HWTS) to manifest online (see yellow insert), check yes. Provide the full name of the person who will have access to HWTS. Also, provide a business email address, so that we may email the system user name and password. The email address will be part of the facility record for the ID number on the VQ.

If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each of your permanent EPA ID numbers. You must complete both forms for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B – Fees Summary Sheet.)

DTSC 1193 [back] (4/02)

### SCHEDULE A - MANIFEST FEE CALCULATION SHEET (2001 Manifests)

(See back of this form for sample manifest form.)

EPA II	D Number:_	CAD008391427	Name of organization:		ME & GRINDING CO
				INC	
the De	partment of T	01 through December oxic Substances Control mia Manifests shown a	ol recorded	Non-recycled:	8
	he EPA ID pri		-	Recycled:	4
			(NOTE: There is a	no tes for solely recy	cled manifests.)
Mani	fest Fee C	alculation:	•		
a.	Enter the total	al number of <b>non-recy</b>	cled manifests from above	12	
b.	How many o	f the <b>non-recycled</b> ma l air compliance solven	nifests listed on Line a. are t manifests	8 X \$3.50 = \$ _	28.00
C.	Subtract the	number of manifests o	n Line b. from Line a	4 X \$7.50 = \$	30.00
d.	No fee due f	or <b>recycled</b> manifests.		\$_	0.00
e.	Total of Line Note:	b. + Line c The manifest count o	n Lines b. and c. should equal t	= \$ he count on Line a.	58.00

#### INSTRUCTIONS FOR COMPLETING SCHEDULE A

- 1. For lines a. e. above, enter the numbers requested for each line.
  - For line b. multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c. multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e. add dollar amounts of lines b. and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- 2. For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used solely for recycled waste will have a handling code reported as "01" or "R01" in item K on the manifest form (see circled area on manifest sample on the back of this form). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- 3. If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- 4. On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

	Printed/Typed Name	Signature	AMOUNT	لــــــــــــــــــــــــــــــــــــــ	
	17. Transparrer   Acknowledgement of Receipt of Monerials Printed/Typed Name	33-01-	Month	Day	Year
	18. Transporter 2 Acknowledgement of Receipt of Materials Primed/Typed Name	Attgranure	Month	Day	Year
_	19. Discrepancy Indication Space				
	20. Facility Owner of Operator Certification of receipt of hazardous of	noterials covered by this manifest except as noted in Item 19.	Month	Sec.	Year

DO NOT WRITE BELOW THIS LINE.

CASE Z State of California - California Environmental Protection Agency Department of Toxic Substances Control P.O. Box 806 Sacramento, CA 95812-0806

DTSC 1194B [front] (4/02)

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only Toll Free) or 1-916-255-4439 (Outside Calif.) www.dtsc.ca.gov\* 2002

## SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete instructions.)
All completed forms and appropriate fees must be submitted **not later than 30 days** from the date of receipt

A. EPA ID NUMBER VERIFICATION FEE (July 1, 2001 through June 30, 2002)  1. Name of your organization: ELECTRONIC CHROME & GRINDING CO., INC.							
2. Enter the total number of California employees in your entire organization:17  (Please read instructions for Line 2 on the back of this form.)							
Number of Employees 1 - 49 50 - 74 75 - 99 100 - 249 250 - 499 50			500 or more				
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250	
	(Total EPA	ID Number	Verification F	ees not to exc	eed \$5000)		
3. Enter the	EPA ID Numb	er Verification F	ee rate from th	e table above:	. /	\$0	
4. Enter the total number of <b>permanent</b> EPA ID numbers held by your organization:  (NOTE: Attach a VQ form and Schedule A for <b>each</b> permanent EPA ID number you are reporting.  Numbers that begin with "CAC" should not be included in your total on Line 4. See instructions.)							
5. Multiply L	ine 3 by Line 4	:				=\$0	
6. TOTAL E OR \$500	PA ID Number 0, whichever ar	Verification Fe nount is less.);	e due (Enter th	e dollar amount (	from Line 5 abov	e \$0_	
3. MANIFEST FEE (January 1, 2001 through December 31, 2001)  1. Enter the dollar amount from Line e on your Schedule A – Manifest Fee Calculation Sheet.  (If you are reporting more than one EPA ID number, enter the TOTAL of the dollar amounts from Line e on all your Schedule A – Manifest Fee Calculation Sheets.)  \$\_58.00\$							
C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION FEES AND MANIFEST FEES  1. Add Line A6 and Line B1, then enter the total dollar amount.  It is not uncommon to not owe fees. You are still required to complete and submit all forms.  If fee is due, please make your check payable to "DTSC" for the total amount on this line: =\$  Please write one of your EPA ID numbers on your check.							
hereby certify under penalty of perjury that the information on the Verification Questionnaire(s), Schedule A(s) and Schedule B is true and correct.  Signature of Preparer:							
THIS SECTION FOR DEPARTMENT USE ONLY  Check No: \$AMOUNT DATE: CID NO:							
12560055:		560092:	DATE 12560		CID NO:		
12560035:	125	660091:		JNT DUE:			
12560075:	128	560096:	PRIM	ARY ID #:			

### INSTRUCTIONS FOR COMPLETING SCHEDULE B - FEES SUMMARY SHEET

#### SECTION A (EPA ID Number Verification Fee for 2001/2002)

NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.

- **Line 1:** Enter the full name of your organization. Do not abbreviate.
- Line 2: Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 2001 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as a city, county, commission, agency, department or district.)
- <u>Line 3:</u> Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.
- Line 4: Enter the total number of permanent EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, you must still include that number in this total. The fee is required because that EPA ID number was active during the billing period (July 1, 2001 through June 30, 2002).
- <u>Line 5:</u> Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).
- <u>Line 6:</u> Enter either the amount shown on Line 5, **OR** \$5000 (whichever amount is less). The maximum EPA ID Number Verification Fee is \$5000 per organization.

### SECTION B (Manifest Fees for January 1, 2001 through December 31, 2001)

<u>Line 1:</u> Enter the **total** manifest fees due. This amount is shown on Line e on the **Schedule A** – Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the **total** of the dollar amounts from **all** your Schedule A – Manifest Fee Calculation Sheets.

### <u>SECTION C</u> (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)

<u>Line 1:</u> Add Line **A6** and **B1**. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC" or use the credit card payment form. Please write one of your EPA ID numbers on your check.

# YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

- ✓ Verification Questionnaire (one form for each EPA ID number)
- ✓ Schedule A Manifest Fee Calculation Sheet (one form for each EPA ID number)
- ✓ Schedule B Fee Summary Sheet (only ONE of these forms is needed for your entire organization)



## **Department of Toxic Substances Control**



Winston H. Hickox Agency Secretary California Environmental Protection Agency

Edwin F. Lowry, Director 400 P Street, 4th Floor, P.O. Box 806 Sacramento, California 95812-0806



TO:

Hazardous Waste Handlers

FROM:

James G. Bohon, Chief

Generator Information Services Section

DATE:

April 6, 2000

SUBJECT: INSTRUCTIONS FOR SENDING MANIFEST CORRECTION LETTERS

The Department of Toxic Substances Control (DTSC) is preparing to exercise its authority to return incorrect, incomplete or improperly completed Uniform Hazardous Waste Manifests for correction and charge the statutorily provided fee of twenty dollars per manifest needing correction (California Health and Safety Code, Section 25160.5). This effort is expected to commence on July 1, 2000. In the meanwhile, incorrect, incomplete or improperly completed manifests must still be corrected to ensure that DTSC has accurate records of your organization's hazardous waste activity. Incorrect records can cause environmental fees to be improperly assessed, liability to be applied incorrectly, or unnecessary forms to be sent to your organization.

DTSC's primary method of receiving corrected manifest information is through Manifest Correction Letters (MCLs). Many hazardous waste handlers already have a policy of voluntarily submitting an MCL when they discover errors. While DTSC appreciates these conscientious efforts, the letters received are not in any uniform format and make processing difficult. In order to streamline all levels of effort, DTSC requests that future MCLs follow the format outlined on the reverse page.

DTSC thanks you in advance for your efforts in helping maintain accurate hazardous waste data. Should you have any questions or need further assistance, please feel free to contact the Generator Information Services Section's Telephone Information Center at (800) 618-6942 or, for callers outside of California, (916) 324-1781.

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only) or 1-916-324-2996 (Outside Calif.) www.dtsc.ca.gov

### **2000 VERIFICATION QUESTIONNAIRE**

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that the enclosed forms be completed and returned with appropriate fees not later than 30 days from the date of receipt. Instructions for all forms are included.

ELECTRONIC CHROME & GRINDING OF INC 9132 DICE RD SANTA FE SPRINGS CA 90670-2545	If your mailing address has changed, please PRINT or TYPE the correct address below;  Address:
25	City/State/Zip:
Para San San San San San San San San San Sa	I ADITERNEORMA TONINATHIS AREA
14 EPA ID Number: CAD008391	227
2 Location address: 9132 DICE	RD(非常是是在特殊的)。
	SPRINGS.CA 90670-0000 (**)
	NOTE: California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance. Do NOT fill in new owner information below.
PHILIP REED PRESIDENT	Company owner name:
9132 DICE RD SANTA FE SPRINGS CA 90670-2545	Address:
(3 10) 946-6671	City/State/Zip:
	Telephone:
	Date of ownership change:
4. My new EPA ID number is .	
5. COMPANY NAME:	If printed company name is incorrect, please provide correct name:
ELECTRONIC CHROME & GRINDIN CO INC	G Company name:
6. CONTACT INFO:	If printed contact is incorrect or blank, please provide correct information:
MIKE REED	Name/Title:
9132 DICE RD SANTA FE SPRINGS CA 90670-2545	Address:
(310) 946-6671	City/State/Zip:
	Telephone:
7. Standard Industrial Classification	on (SIC) Code (4 digits) <u>3 4 7 1</u>
8.   Check here if you wish to CA	ANCEL the EPA ID number listed on Line 1. (See reverse side.)
9. If the Verification Questionnain	e (VQ) were available via the internet, would you use it? 🛚 Yes 🖒 No
DTD0 4402 (50-1) (2/00)	AP

#### **Hazardous Waste Handlers:**

This is your fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Number Verification Fee is for all valid EPA ID numbers held by your organization during the fiscal year 1999/2000 (from July 1, 1999 through June 30, 2000). The Manifest Fee assessment is for all manifests used by your organization from January 1, 1999 through December 31, 1999.

Instructions are included to assist you in completing these forms and calculating the required fees, if applicable. Frequently asked questions and answers are available under "What's Hot" at our website <a href="www.dtsc.ca.gov">www.dtsc.ca.gov</a> If you have any questions, please contact DTSC's Generator Information Services Section (GISS) at 1-877-454-4012 if you are dialing within California, or 1-916-324-2996 if you are outside California. The GISS operating hours are 8:30 a.m. to 12:00 noon and 1:00p.m. to 4:30p.m. (Pacific Standard Time), Monday through Friday. GISS is closed from 12:00 noon to 1:00 p.m. daily. (Note: The phone lines will be very busy. Please be prepared to be placed on hold. If you receive a busy signal, please try again later.)

Completed forms and payment, if any, are due 30 days from the receipt of this assessment notice. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Send completed forms and payment in the enclosed return envelope or to the following address:

Accounting Unit, EPA ID
Department of Toxic Substances Control
P.O. Box 806
Sacramento, CA 95812-0806

## INSTRUCTIONS FOR COMPLETING THE VERIFICATION QUESTIONNAIRE

#### Printed organization name and mailing address:

Provide any corrections to the organization's printed mailing address.

#### Lines 1 and 2 (shaded box):

Check your records to verify that the printed EPA ID number and location address are both correct. IMPORTANT: Do not change, strike out, or write over this information. If either line is incorrect, please call GISS for assistance. (NOTE: EPA ID numbers are site specific to the location to which they are originally issued. EPA ID numbers cannot be moved to another location. If the location address printed on Line 2 is no longer correct, please call GISS for assistance.)

#### Lines 3 and 4:

Provide any corrections and/or additions to the information pre-printed on this form. However, if there has been a change in ownership, call GISS. When there is a change in ownership, you must get a new EPA ID number. GISS staff will instruct you about Line 4 when you call. 'Please do not provide new owner information. Your questionnaire will be returned to you.

#### Lines 5 and 6:

Please indicate any changes to your company's name and contact person in the spaces provided. Make certain this information is complete. (NOTE: California EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership of your organization has changed, please call GISS for assistance.)

#### Line 7:

Provide the primary Standard Industrial Classification (SIC) Code for your business. The SIC Code is a four digit number that best describes your company's primary business activity. If your company's SIC Code is unknown, you can obtain the number on the Internet at: <a href="https://www.osha.gov/oshstats/sicser.html">www.osha.gov/oshstats/sicser.html</a>.

#### <u>Line 8:</u>

Check this box ONLY if you wish to cancel the EPA ID number shown on Line 1.

If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each of your permanent EPA ID numbers. You must complete both a Verification Questionnaire and a Schedule A – Manifest Calculation Sheet for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B – Fees Summary Sheet.)

DTSC 1193 [back] (3/00)

State of California – California Environmental Protection Agency Department of Toxic Substances Control P.O. Box 806 Sacramento, CA 95812-0806

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only) or 1-916-324-2996 (Outside Calif.) www.dtsc.ca.gov

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (1999 Manifests)

(See back of this form for sample manifest form.)

LIAID	Number: <u>CAD008391427</u> Name of organization:	ELECTRONIC CHROM	IE & GRINDING CO
		INC	
the Depa	nuary 1, 1999 through December 31, 1999, rtment of Toxic Substances Control recorded er of California Manifests shown at the right	Non-recycled:	4
	EPA ID printed above.	Recycled:	2
	(NOTE: There is	no fee for solely recycle	ed manifests.)
Manife	st Fee Calculation:		
		1	•
a.	Enter the total number of non-recycled manifests from above		
b.	Enter the total number of any non-recycled air compliance solvents manifests	 X \$3 50 = \$	
G.	Subtract the number of manifests on Line b from Line a	Y \$7 50 -\$ 20 00	<del>-</del>
d.	No fee due for recycled manifests.,	\$ 0.0	
	Total of b + c	·····Ψ	<u> </u>

#### INSTRUCTIONS FOR COMPLETING SCHEDULE A

- 1. For lines a-e above, enter the numbers requested for each line.
  - For line b multiply the number of manifests by \$3.50 and record the dollar amount.
  - For line c multiply the number of manifests by \$7.50 and record the dollar amount.
  - For line e, add dollar amounts of lines b and c. This total is the manifest fees due for the EPA ID number shown at the top of the page.
- 2. For this assessment there are three types of manifests: non-recycled, recycled and air compliance solvents manifests. Manifests used solely for recycled waste will have a handling code reported as "01" or "R01" in item-K on the manifest form (see circled area on manifest sample on the back of thisform). All wastes listed on a manifest must have handling codes of "01" or "R01" to be counted as a solely recycled manifest. You need to pay manifest fees only for non-recycled manifests. There is no fee for recycled manifests.
- 3. If you believe the manifest totals shown in the box above are incorrect, you may use the manifest totals from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- 4. On January 1, 1999 many businesses were required to switch from petroleum-based solvents to air compliance solvents (also called water-based cleaners). The fee for manifests used solely for hazardous waste derived from air compliance solvents was reduced from \$7.50 to \$3.50. Most air compliance solvent waste is now recyclable. Manifests used to ship air compliance solvents that were recycled should not be charged \$3.50. The Manifest Fee Calculation above includes air compliance solvent manifests as part of the non-recycled manifest count. Businesses that do not recycle their air compliance solvent waste who desire to use the reduced \$3.50 fee must use their internal records to identify manifests used solely for air compliance solvent wastes.

ги Арр	Californio—Environmental Protection Agency proved QMB No. 2050–0039 (Expires 9-30-96) at or type. Form designed for use on eithe (12-pin	ch) typewriter.	See Instruction	s on back of	page 6		Department of Toxic Su Sucremento, C	
1	UNIFORM HAZARDOUS	1. Generator's US EPA ID I	No. A	Nonifest Document	No.	2: Page 1	Information in the shade is not required by Fede	d areas
	WASTE MANIFEST					of		
	J. Geografor's Name and Mailing Address			- 1	A. State M	unifest Documen	95302	MILE
				-	B. Slote Ge	merolor's ID	00000	.043
	4. Geogrator's Phone ( )	_			1 1	سهسل	TITLE	1
	5. Transporter 1 Company Name	6. US E	PA ID Number		C. State In	ensporter's ID		· La
Ш					D. Transpa	rter's Phone		1676
П	7. Transporter 2 Company Name	B, US E	PAJD Number		g in in in	mporter's ID	the second of th	
П					. 101	rter's Phone	The second of the	277
Ш	9. Designated Facility Name and Site Address	70.16.8	PA ID Number		G. Santa Fr		# # # # # # # # # # # # # # # # # # #	3.20
	7. Designation Value Vision and Street			ì				
				ALS 183 C	H. Facility	Phone	1 10 1	- AU
	O A TO					1	<b>1.7.0</b>	
Н	.11, US DOT Description (including proper of	ing to no, to ten Clar on	d ID M	N OF		3. Total \	Wy/Yol L Waste N	
							Sun	
G					1			A 11.63
E								
E								
R							E Paris	3.5
Ť	This is a sample may	ifost included f	on vous int	2	onb	Tá in ma	State	
0	This is a sample man	intest included i	or your in	ormanoi	only.	it is no	necessary	0
R	complete this sam	pie manifest foi	r your 2000	) Venitica	tion a	nd Fee		1 4 3
	d.						Sich	
				1172			.BA/Oh	
Ш	J. Additional Descriptions for Materials Listed	Above			IC Handlin	g Codes for W	usies Listed Ass	77-18-
					o.	7.,	L L A A A A	3,2
						3		
					C 4.			
	15. Special Handling Instructions and Addition			1		The second secon		
	In order to determine						- 1	
	recycled, look at the l	andling codes i	in Item K.	(circled a	bove)	on your	· manifest co	py(s).
	To: GENERATOR'S CERTIFICATION: I here packed, marked, and labeled, and are in	o all respects in proper condition	this consignment are in for transport by hig	fully and accurated hway according to	y described applicable	international ar	er shipping name and are ad national government re	cloudied.
Н	If I can a large downthy generator, I ca			المساور				
	economically practicable and that I have	selected the practicable meth	and of treatment, stor	age; or disposal c	urrently ava	ly sen of eldplin	ich minimums the present	and future
	threat to firman health and life environs waste management method that is availed	nant, OR, it I am a small qua ble to me and that I can affor	withy generator, 1 has rd	e made a good f	aith effort t	to minimiza my	putition generation and sak	oct the best
11	Printed/Typed Name		ignature				Month D	ay Ye
₩ HR4Z9PQ	17 Secondary Advantadas on of Con-	int of Manufalls	· · · · · · · · · · · · · · · · · · ·					
R	17. Transporter 1 Acknowledgement of Rece Printed/Typed Name		prature			<del></del>		cry Ye
7 5				<u> </u>				
	18. Transporter 2 Acknowledgement of Rece Printed/Typed Name		icourtire				Manth 15	dry Ye
	France / Iypus Paulis						Month D	Gy Ye
<u>,                                    </u>	19. Discrepancy Indication Space							
5			•					
1 2								

DO NOT WRITE BELOW THIS LINE.

20. Facility Owner or Operator Conflication of receipt of hazardous materials covered by this manifest except as noted in Item 19.



State of California - California Environmental Protection Agency Department of Toxic Substances Control P.O. Box 806 Sacramento, CA 95812-0806

Generator Information Services Section 1-877-454-4012 (Galif. Callers Only) or 1-916-324-2996 (Outside Calif.) www.dtsc.ca.gov

### SCHEDULE B - FEES SUMMARY SHEET

(See back of this form for complete Instructions.)
riste fees must be submitted not later than 30 de

All completed forms and a

					0 days from the	date of receipt.	
A. EPA ID NUN 1. Name of	MBER VERIFICA your organization	ATION FEE (J	uly 1, 1999 thro	ough June 30, 2	000)	t . Taja ta	
2. Enter the	total number o	f California em	ployees in your	entire organizati	on: <i>[3</i>	2	
(Please read instructions for Line 2 on the back of this form.)							
Number of Employees	1 – 49	50 – 74	75 – 99	100 – 249	250 – 499	500 or more	
EPA ID Fee Rate	NO FEE	\$150	\$175	\$200	\$225	\$250	
3. Enter the	(Total EPA EPA ID Numb	ID Number or Verification I	<b>Verification F</b> Fee rate from th	ees not to exc e table above:	eed \$5000)	\$ 46	
(NOTE:	Attach a VQ for	m and Schedu	lle A for each pe	held by your org armanent EPA ID in your total on	ganization: O number you are Line 4. See instr	reporting. ructions.)	
5. Multiply L	line 3 by Line 4	:			•	=\$ <u>0</u>	
6. TOTAL E OR \$500	PA ID Number 0, whichever ar	Verification Fenount is less.):	e due (Enter th	e dollar amount t	from Line 5 abov	\$ <u>0</u>	
C. GRAND TO 1. Add Line It is not u	dollar amount be reporting more of all your Sched FAL OF EPA ID A6 and Line B Incommon to no	from Line e on e than one EP, dule A — Manife  NUMBER VE 1, then enter the one of the on	your Schedule A ID number, er est Fee Calculate RIFICATION Fine total dollar arou are still requi	A — Manifest Fee nter the TOTAL of tion Sheets.)  EES AND MANII nount. red to complete	e Calculation She of the dollar amou FEST FEES: and submit all for ount on this line:	\$ 30.00	
To pay your fees to	via a c <b>redit card</b> ;	please complet	e the enclosed "E	PA ID and Manife	st Fee Credit Card	Payment Form".	
Yes□ No⊡ If DT	SC offered an or	tion of paying m	nanifest and verific	cation fees via the	Internet, would yo	u use it?	
I hereby certify u and Schedule B Signature of Pre	is true and con	perjury that the ect.		n the Verification	Questionnaire(s,	), Schedule A(s)	
Name (please pr	rint):	YOU GILLA		Date: 6/5/00		2 946-66-11	
		THIS SECTION	N FOR DEPART	MENT USE ONLY			
Check No:	\$AI	MOUNT	DATE		CID NO:	y 1	
12560055;	125	660092:	12560	065:	· ·	; • • · · · ·	
12560035:	12	60091:	AMOU	INT DUE:	· ·		
12560075:	125	660096:	PRIMA	ARY ID#:			
DTSC 1194B [front] (3/	/00)						

#### INSTRUCTIONS FOR COMPLETING SCHEDULE B - FEES SUMMARY SHEET

#### SECTION A (EPA ID Number Verification Fee for 1999/2000)

NOTE: Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of information related to generators, transporters and facilities authorized to treat, dispose of, store, or recycle hazardous waste. DTSC captures this data through the Verification Questionnaire and uses the collected information to ensure that the Hazardous Waste Information Network database is current and accurate. The EPA ID Number Verification Fee, which has been established by State legislation, funds this effort.

- **Line 1:** Enter the full name of your organization. Do not abbreviate.
- Line 2: Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during the calendar year 1999 to be included in your calculation. ("Organization" is defined as a registered corporation, sole proprietor, partnership, or company. For public agencies, "organization" is defined as an agency, department or district.)
- <u>Line 3:</u> Based on the number of employees entered on Line 2, determine your EPA ID Number Verification Fee rate by using the table shown and then enter that rate on Line 3.
- <u>Line 4:</u> Enter the total number of permanent EPA ID numbers assigned to your organization. Do not include "CAC" numbers in your total, as they are temporary and not subject to the EPA ID Number Verification Fee. If you indicated on the Verification Questionnaire that you wish to deactivate a permanent EPA ID number, you must still include that number in this total. The fee is required because that EPA ID number was active during the billing period (July 1, 1999 through June 30, 2000).
- <u>Line 5:</u> Enter the EPA ID Number Verification Fee. This fee is determined by multiplying the fee rate (reported on Line 3) by the total of permanent EPA ID numbers assigned to your organization (reported on Line 4).
- <u>Line 6:</u> Enter either the amount shown on Line 5, OR \$5000 (whichever amount is less). The maximum EPA ID Number Verification Fee is \$5000 per organization.

#### SECTION B (Manifest Fees for January 1, 1999 through December 31, 1999)

<u>Line 1:</u> Enter the total manifest fees due. This amount is shown on Line e on the **Schedule A** – Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the total of the dollar amounts from all your Schedule A – Manifest Fee Calculation Sheets.

#### SECTION C (Grand total of all EPA ID Number Verification Fees and Manifest Fees owed)

<u>Line 1:</u> Add Line **A6** and **B1**. The sum of these two amounts is the total fee due from your organization. Please make your check payable to "DTSC".

## IMPORTANT: YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS WITHIN 30 DAYS:

- ✓ Verification Questionnaire (one form for each EPA ID number)
- ✓ Schedule A Manifest Fee Calculation Sheet (one form for each EPA ID number)
- ✓ Schedule B Fee Summary Sheet (only ONE of these forms is needed for your entire organization)

State of California – California Environmental Protection Agency Department of Toxic Substances Control P.O. Box 806 Sacramento, CA 95812-0808

Generator Information Services Section 1-877-454-4012 (Calif. Callers Only) or 1-916-324-2996 (Outside Calif.) www.dtsc.ca.gov

## EPA ID AND MANIFEST FEE CREDIT CARD PAYMENT FORM

1) 2)	
3)	Type of Card: AMERICAN EXPRESS DISCOVER MASTERCARD VISA
4)	Credit Card Number: / / / / / / / / / / / / / / / / / / /
5)	Expiration Date: /// // Mo. Yr.
6)	Total Amount of Fee Being Paid: \$(Should match the amount reported as grand total on the Fees Summary Sheet Schedule B)
7)	Signature:(The authorized credit card holder's original signature must be present in order for your payment request to be processed.)
8)	Telephone Number: ()
1	YOU MUST RETURN THE FOLLOWING DOCUMENTS WITH THIS FORM:  Verification Questionnaire (one for each EPA ID number reported on the Fees Summary Sheet)  Manifest Fee Calculation Sheet Schedule A (one for each EPA ID number reported on the Fees Summary Sheet)  Fees Summary Sheet Schedule B (only one is needed for your entire organization)  and completed forms and payment to the following address:
GE	·
	Accounting Unit, EPA ID  Department of Toxic Substances Control P.O. Box 876  Sacramento, CA 95812-0876  If you want to ensure the confidentiality of your credit card information, please send all completed forms to this address. Do not use the envelope provided.
	IMPORTANT: By completing and signing this form, you are authorizing DTSC to request funds from the credit card company you have indicated. If the request is denied by your credit card company, DTSC will contact you and require payment by another acceptable means.
of tany	RIVACY STATEMENT: The information on this form is requested by the Department of Toxic Substances introl, Accounting Unit. All information is voluntary. The purpose of this information is to verify the authenticity the credit card you wish to use to pay your EPA ID Number and Manifest Fees. Failure to provide answers to yof the questions may cause your credit card payment request to be denied. For more information or access this record, please contact the DTSC Accounting Administrator at (916) 324-6432 or you may write to the dress shown above.
[	THIS SECTION FOR DEPARTMENT USE ONLY
	PRIMARY ID NO: CID NO:
	APPROVED  NOT APPROVED

## 

Generator Information Services Section 1-800-618-6942 (Calif. Callers Only) or 1-916-324-1781 (Outside Calif)

## 1999 VERIFICATION QUESTIONNAIRE

(See back of this form for instructions.)

The Department of Toxic Substances Control (DTSC) requires that the enclosed forms be completed and returned with appropriate fees not later than 30 days from the date of receipt. Instructions for all forms are included.

ELECTRONIC CHROME CO INC 9132 DICE RD SANTA FE SPRINGS CA 90670-2545	If your mailing address has changed, please PRINT or TYPE the correct address below: Address:
	City/State/Zip:
	WRITE IN TERS AREA
1. EPA ID Number: CAD908391427	WALLER INISAREA
2. Location address: 9132 DICERD SANTAFE SPRINGS (	A-90670-0400
3. COMPANY NAME:	If printed company name is incorrect, please provide correct name:
ELECTRONIC CHROME CO INC	Company name: ELECTRONIC CHROME & GRINDING CO., INC
4. CONTACT INFORMATION:	If printed contact is incorrect, please provide correct information:
MIKE REED	Name/Title:
9132 DICE RD SANTA FE SPRINGS CA 90670-2545	Address:
(310)946-6671	Address:City/State/Zip:
	Telephone:
5. COMPANY OWNER INFORMATION:	If printed company owner is incorrect, please provide correct information:
PHILIP REED PRESIDENT	
9132 DICE RD SANTA FE SPRINGS CA 90670-2545	Owner's name:
(310)946-6671	City/State/Zip:
	Date of ownership change:
	ANCEL the EPA ID number listed on Line 1. (See reverse side.)
I hereby certify under penalty of perjury that the informa	tion above and on the fee forms is true and correct.
Signature: June Sellan.	Date: 5/28/99
Name (please print): JOYCE GILLAM	Title: BOOKKEEPER

Generator Information Services Section 1-800-618-6942 (Calif. callets only) 1-916-324-1781 (Outside Calif.)

#### SCHEDULE A - MANIFEST FEE CALCULATION SHEET

(See back of this form for sample manifest form.)

From July 1, 1998 through December 31, 1998, the Department of Toxic Substances Control recorded	Non-recycled:	5.00	
the number of California Manifests shown at the			-
right using the EPA ID printed above on this form.	Recycled:	1	_
	(NOTE: There is no fee	for recycle	d manifests.)
Innifest Fee Calculation:  Enter the number of Non-recycled manifests list  (or the number of Non-recycled manifests show			5.00
			5.00 \$7.50

#### INSTRUCTIONS

(Please read carefully before completing the form above.)

- a) The EPA ID number printed at the top of this form was assigned to your organization. During the six month period of July 1, 1998 through December 31, 1998, DTSC recorded the number of Non-recycled and Recycled manifests shown printed in the box above. These numbers indicate only the manifests DTSC recorded using the EPA ID number printed at the top of this form.
- b) If you believe the number of Non-recycled manifests shown in the box above is incorrect, you may use the Non-recycled manifest count from your own files to calculate the fee. However, please be aware that any difference between the amount you report and the amount printed above is subject to audit by DTSC.
- c) Note that for this billing there are two types of manifests: Non-recycled and Recycled. You need to pay manifest fees only for Non-recycled manifests. Manifests used solely for Recycled waste will have a handling code reported as "01" or "R01" in item K on the Manifest form (see circled area on Manifest sample on back of this form). There is no fee for Recycled manifests.
- d) If your organization has more than one EPA ID number, you should receive a Verification Questionnaire and a Schedule A Manifest Calculation Sheet for each of your EPA ID numbers. You must complete both a Verification Questionnaire and a Schedule A Manifest Calculation Sheet for each EPA ID number assigned to your organization. (NOTE: The total dollar amount owed by your organization includes the manifest fees for all of your organization's EPA ID numbers. The total manifest fee dollar amount must be entered in Section B of the Schedule B Fees Summary Sheet on the next page.)

A. EPA ID NUMBER VERIFICATION FEE

Generator Information Services Section 1-800-618-6942 (Calif. callers only) 1-916-324-1781 (Outside Calif.)

### **SCHEDULE B - FEES SUMMARY SHEET**

(See back of this form for complete instructions.)

1. 1	Name of you	r organization:_	ELECTRONI	C CHROME	& GRINDING	CO., INC.	
			lifornia employee Line 2 on the bo				
	Number of Employees	1 - 49	50 - 74	75 - 99	100 - 249	250 - 499	500 or more
	EPA ID Fee Rate	No fee	\$150	\$175	\$200	\$225	\$250
		(To	tal EPA ID	<b>Verification</b>	Fees not to exce	eed \$5000)	7
3. 1	Enter the EP.	A ID Number V	erification Fee ra	ate from the tal	ale above:		<b>s</b> 0
			A ID numbers he				1
					D number you are r	eporting.)	<del></del>
5. 1	Multiply Lin	e 3 by Line 4:	•		•		\$0
6. 7	TOTAL EPA	A ID number fe	e due (enter the d	ollar amount fr	om Line 5 above		
	OR \$5000,	whichever amou	ınt is less.)			•	\$0
<b>,</b> 1	A ATTERS	reer (from	Tb. 1 1009 4				
		•		_	<b>mber 31, 1998)</b> Ianifest Fee Calcula	tion Chapt	
			•		the TOTAL of the		9
•					e Calculation Shee		<sub>\$</sub> 37.50
1	Add Line A	and Line B1, t	hen enter the tota	ıl dollar amoun	CATION FEES . t. " for the total amo		ST FEES: \$ 37.50
		7	THIS SECTIO	N FOR DEP	ARTMENT'S U	SE ONLY	
	Check No:		\$ AMOUNT:		DATE:	CID NO	:
	12560055:		12560092:		12560065:		
	2560035:		12560091:		AMOUNT DUE:		
	2560045:	<del></del>	12560093:		PRIMARY ID #:	<del></del>	·



Winston H. Hickox Secretary for Environmental Protection

#### Department of Toxic Substances Control

Edwin F. Lowry, Director 400 P Street, 4th Floor, P.O. Box 806 Sacramento, California 95812-0806



Gray Davis
Governor

May 4, 1999

Year 2000 Advisory

Dear Facility Manager/Site Manager/Hazardous Waste Generator:

A major part of the Department of Toxic Substances Control's (DTSC) mission is to ensure the safe management (treatment, storage, transportation, and disposal) of hazardous waste within the State of California. This letter is to advise you of a potentially serious threat to your ability to safely manage hazardous waste. On January 1, 2000, many mainframe computers, microcomputers, programmable logic controllers, and embedded chip systems may fail to operate. The problem revolves around how dates are used in computer programs and hardware. Many computers chips and programs do not track the century portion of the date, therefore, mission critical systems or control devices that calculate age, expiration dates, dispenser levels, and the like may not function properly or may cease to function. This problem is commonly referred to as the "Year 2000 computer problem" or "Y2K" for short.

The purpose of this document is to heighten your awareness of the Y2K problem, to bring to your immediate attention the embedded chip scenario, and to clarify and reinforce the fact that an unauthorized release of any regulated substance resulting from a Y2K induced or related failure will be treated as any other unauthorized release. That is to say, it is important to note that a failure of an electronic device due to a non-Year 2000 compliant microchip will not be an excuse for any violation of any permit or authorization requirement or other provision of the hazardous waste regulations and statutes. It is also important to note that the Department has always taken circumstantial information and compliance history into account when reviewing compliance problems, and that policy will not change as a result of a Y2K related incident.

The embedded chip scenario merits careful attention. As with mainframe computers, microcomputers, and programmable logic controllers, date sensitive embedded chips may respond incorrectly or fail to respond to a two-digit year field containing double zero (00) and may subsequently cause systems to fail. Such failures may result in process shutdowns, accidents, and/or unauthorized release(s) of hazardous waste.

Rather than try to explain the history and potential impacts of these devices in detail, I would like to refer you to an article from the April 27, 1998, issue of *Fortune* magazine entitled "Industry Wakes Up to the Year 2000 Menace." It can be found at your local library or on the Internet at:

#### http://www.pathfinder.com/fortune/1998/980427/imt.html

or linked from this letter if you have accessed the letter on our homepage. The article does an excellent job of explaining the magnitude of the problem we are all facing. Although most experts agree that it will not be possible to identify and correct every device with non-compliant microchips, any that can be fixed will reduce the severity of the disruption. As noted in the referenced *Fortune* article, you should also be aware of predictions of potential litigation against companies who endanger health, safety, or create financial hardships by failing to correct their non-Year 2000 compliant systems or components.

California Environmental Protection Agency

# 1998 | 1997

ELECTRONIC CHROME & GRINDING CO. INC. 9132 DICE RD. SANTA FE SPRINGS, CA 90870

014979

INVOICE NO.

97-1/2 98 11/11/98

INV. DATE

120.00

DISC. TAKEN . 00

NET AMOUNT PAID 120.00

CHECK: 014979 12/31/98 DEPT OF TOXIC SUBSTANCES CONTR

CHK TOTAL:

120.00

FOR 1997 + HINFARD

Generator Information Services Section: 1-800-618-6942 (California Callers Only) or 1-916-324-1781 (Outside California)

Barrell La

#### FEES SUMMARY SHEET

(TO COMPLETE THIS FORM PLEASE SEE PAGE 2 OF THE INSTRUCTIONS)

1)	IDENTIFICA	I	'IOI	Ĭ.					7	
						 	1 / 1	_	1.	. •

b) Enter the total number of EPAID numbers held by your organization:	·	1
(Return a 1997 and 1998 Manifest Fee Calculation Sheet for each EPA ID number	reporte	d on this line)
c) Enter the total number of California employees in your entire organization	on: _	19
(An employee must have worked more than 500 hours during a calendar year to be	e inclu	ded in this coun
MANIFEST FEE (Calendar Year 1997):		
a) Enter the dollar amount from Line 5 on your 1997 Manifest Fee		
Calculation Sheet. If your organization has more than one EPA ID number, enter the total of all dollar amounts from Line 5 on all your		
1997 Manifest Fee Calculation Sheets.	\$ ,	60_00
MANIFEST FEE (First Half of 1998):  a) Enter the dollar amount from Line 5 on your 1998 Manifest Fee	De	
Calculation Sheet. If your organization has more than one EPA ID number, enter the total of all dollar amounts from Line 5 on all your 1998 Manifest Fee Calculation Sheets.	\$ _	60.00
GRAND TOTAL OF MANIFEST FEES:  a) Add Line 2a and Line 3a and enter dollar amount here	•	120.00
a, red Dino 24 and Dine 34 and enter donar amount nere	20 =	<del></del>

## YOU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS:

- \* The cover letter pre-printed with your business name (one for each EPA ID number reported on Line 1b)
- \* Manifest Fee Calculation Sheets (one form for each year and each EPA ID number reported on Line 1b)
- \* Fees Summary Sheet (only one form is needed for your entire organization)

	THIS SECTION FOR DI	EPARTMENT'S USE ONL	Y
CHECK NO:	S AMOUNT:	DATE	CID NO:
STATE ACCOUNTS	FEDERAL ACCOUNTS	UNCLEARED	Company of the Compan
12560035: (97)	12560091: (97)	12560065: (97)	
12560045: (97)	12560093: (97)	As the other publication in the contract of th	AND THE PROPERTY OF THE PROPER
	and new continues	AMOUNT DUE:	
	The state of the s	PRIMARY ID #:	

## MANIFEST FEE CALCULATION SHEET (1997) (TO COMPLETE THIS FORM PLEASE SEE PAGE 1 OF THE INSTRUCTIONS)

1) Identification Information: a) Enter your EPA ID number	that is pre-printed on the cover le	tter. <u>CAD008391427</u>
b) Enter total number of Califo for the EPA ID number pre-	rnia manifests used in Calendar Y printed on the cover letter	'ear 1997
DEDUCTIONS: Fees for manifests are divided into two "01" or "R01") (\$6), and manifests us fewer than 100 employees, you may d deduction may be taken in any combin non-recycled, etc.). Enter your deduction	o categories: manifests used solely ed solely or partially for non-recycle educt the first four (4) manifests use nation of the two categories (e.g. 0 rections in Column II, Box 2b and/or E Column II, Box 2b and Box 3b. No	for recycled waste (only handling codes d waste (\$12). If your organization has d by your organization in 1997. This ecycled + 4 non-recycled; 3 recycled + 4 sox 3b of the table below. If you do not OTE: If you have more than one EPA
COLUMN I	COLUMN II	COLUMN III
2a) From the total manifests reported on Line 1b enter the number of manifests which were used solely for recycled waste:  3	2b) Enter the number of manifests used solely for recycled waste you are deducting:	2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.
3a) From the total manifests reported on Line 1b enter the number of manifests which were used solely or partially for non-recycled waste:  9  (Box 2a + Box 3a should equal the amount in Line 1b)	3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:  4  (Box 2b + Box 3b should equal no more than 4)	3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.  5
b) Enter the dollar amount from amount is less.  c) Enter the figure given in C  5 x \$12	olumn III, Box 2c and multiply by 00 = \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 0 \$ \$12: \$ 60.00
5) Enter Total Manifest Fe	e Due For 1997: (Add 4b a	and 4c) \$ 60.00

#### MANIFEST FEE CALCULATION SHEET (1998) (TO COMPLETE THIS FORM PLEASE SEE PAGE 1 OF THE INSTRUCTIONS)

Identification Information:     a) Enter your EPA ID number	that is pre-printed on the cover l	etter CAD008391427
to June 30, 1998 for the El DEDUCTIONS: Fees for manifests are divided into tw "01" or "R01") (\$6), and manifests us fewer than 100 employees, you may of deduction may be taken in any combin non-recycled, etc.). Enter your deduc-	sed solely or partially for non-recycle leduct the first four (4) manifests use nation of the two categories (e.g. 0 rections in Column II, Box 2b and/or In Column II, Box 2b and Box 3b. N	for recycled waste (only handling codes ed waste (\$12). If your organization has ed by your organization in 1998. This ecycled + 4 non-recycled; 3 recycled + 1 dox 3b of the table below. If you do not OTE: If you have more than one EPA
COLUMN I	COLUMN II	COLUMN III
2a) From the total manifests reported on Line 1b enter the number of manifests which were used solely for recycled waste:	2b) Enter the number of manifests used solely for recycled waste you are deducting.	2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.
3a) From the total manifests reported on Line 1b enter the number of manifests which were used solely or partially for non-recycled waste:	3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:	3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.
(Box 2a + Box 3a should equal the amount in Line 1b)	(Box 2b + Box 3b should equal no more than 4)	5
<ul><li>b) Enter the dollar amount from amount is less.</li><li>c) Enter the figure given in Col</li></ul>	umn III, Box 2c and multiply by 300 = \$a Line 4a OR \$5,000, whichever umn III, Box 3c and multiply by 500 =	\$ months of
5) Enter Total Manifest Fee (Add 4b and 4c)	Due For The First Half O	f <b>1998:</b>



## Department of Toxic Substances Control

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Jesse R. Huff, Director 400 P Street, 4th Floor, P.O. Box 806 Sacramento, California 95812-0806

Pete Wilson Governor

November 1998

Peter M. Rooney Secretary for Environmental Protection

ELECTRONIC CHROME CO INC 9132 DICE RD SANTA FE SPRINGS CA 90670-2545 EPA ID Number: CAD008391427 Manifests used in 1997: 13 Manifests used in first half of 1998: 9

SUBJECT: OLD MANIFEST FEE PROCESS - CLOSING ASSESSMENT

This Manifest Fee assessment is for California Uniform Hazardous Waste Manifests (Manifests) used by your organization as a generator with shipment dates from January 1, 1997 through June 30, 1998. New law has changed the process used to assess this fee (see explanation on the reverse side). The Department of Toxic Substances Control (DTSC) is collecting the Manifest Fee at this time to complete and retire the old process. The new Manifest Fee process will start with DTSC's annual Environmental Protection Agency Identification (EPA ID) number verification in the spring of 1999. Manifests with a shipment date after June 30, 1998 will appear on that assessment.

Enclosed are the forms for this assessment, along with instructions to assist you in completing the forms and calculating your Manifest Fee. The number of manifests our records indicate were used with your EPA ID number for 1997 and the first half of 1998, are shown above to the right of your company name. The manifest counts provided should be used as a guideline only. If your records show different counts, please use your counts in completing the forms.

A separate "Manifest Fee Calculation Sheet" must be completed for each year being assessed, even if you do not owe a fee for the billing period. To help your organization manage this assessment, DTSC has extended the due date. Your completed forms and payment are due no later than January 31, 1999. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC." Return your completed forms and payment in the envelope provided or mail to: Accounting Unit, Department of Toxic Substances Control, P.O. Box 806, Sacramento, California 95812-0806.

If you have any questions, please contact DTSC's Generator Information Services Section (GISS) for assistance. You may reach GISS operators by calling 1-800-618-6942 if you are dialing within California, or 1-916-324-1781 if you are dialing from outside California. GISS operating hours are 8:30 a.m. to 12:00 noon and 1:00 p.m. to 4:30 p.m. (Pacific Standard Time), Monday through Friday. GISS is closed during the lunch hour from 12:00 noon to 1:00 p.m.

CREDIT CARD PAYMENT: If you wish to pay your fees via a credit card, please call the number listed above for further instructions.

California Environmental Protection Agency

Printed on Recycled Paper

## FUTURE MANIFEST FEE RATE REDUCTIONS AND BILLING PROCESS CHANGES

#### **NOVEMBER 1998**

Senate Bill 660 (Chapter 870, Statutes 1997) requires the Department of Toxic Substances Control (DTSC) to make changes in Manifest Fee rates and billing schedules for manifests used on or after July 1, 1998. THESE CHANGES DO NOT APPLY TO MANIFESTS USED PRIOR TO JULY 1, 1998; HOWEVER, THEY WILL BE REFLECTED IN FUTURE MANIFEST FEE ASSESSMENTS.

#### These changes will include:

- 1. Elimination of the current \$6.00 manifest fee for manifests used solely for recycled waste.
- 2. A reduction in the fee from \$12.00 to \$7.50 for all other manifests.
- 3. A further reduction in the fee to \$3.50 for Air Compliance Solvent waste manifests effective January 1, 1999.
- 4. Elimination of the current fee exemption for the first four manifests used in a calendar year by a business with fewer than 100 employees.
- 5. Billings will occur on an annual or semi-annual basis for manifests used on or after July 1, 1998.

NOTE: None of the above changes apply to manifests used prior to July 1, 1998.

The change to an annual or semi-annual billing process (for manifests used on or after July 1, 1998), will result in more timely billings of manifest fees. The old process (for manifests used prior to July 1, 1998) resulted in delays of up to 2½ years between the date a manifest was used (shipment date) and the date a Manifest Fee assessment was received. Elimination of this delay should reduce confusion by enabling feepayers to complete returns based on more current information. This will also enable feepayers to match manifest fee costs with relatively the same period the manifest was actually used.

#### electronic Chrome & GRINDING CO INC.

9132 DICE RD. SANTA FE SPRINGS, CA 90670 (562) 946-6671

CAD008391427

DATE

Santa Fe Springs Office Senta Fe Springs, CA 90670

16-351-1220

EIGHTY FOUR DOLLARS AND NO CENTS

TOTHE ORDER

EDEPTHOR TOXIC SUBSTANCES CONTR

ACCOUNTEDNCE UNBEL

P.O. BOX 806

SACRAMENTO

CA 95812=0806

#0 14036# #122083516# 2844929458#

0



Generator Information Services Section: 1-800-618-6942 (California Callers Only) or 1-916-324-1781 (Outside California)

## 1998 VERIFICATION QUESTIONNAIRE

The Department of Toxic Substances Control requires the enclosed forms ("Verification Questionnaire", "Schedule A-Manifest Calculation Sheet", and "Schedule B - Fees Summary Sheet") be completed and returned not later than 30 days from the date of receipt. To complete these forms please see the instructions beginning on Page 1.

If your Mailing Address has changed, please PRINT or TYPE New Mailing Address below: **ELECTRONIC CHROME CO INC 9132 DICE RD** Address: SANTA FE SPRINGS CA 90670-2545 City/8T/Zip: DO NOT WRITE IN THIS AREA. EPA ID Number: CAD008391427 Location Address: 9132 DICE RD SANTA FE SPRINGS CA 906704000 The Department has determined that during Calendar Year 1996 the number of California Manifests submitted under the EPA 1D Number listed on Line 1 intoled: Company Name If information is different, provide complete information below: ELECTRONIC CHROME CO INC Co. Name: Contact Information If information is different, provide complete information below: MIKE REED Name/Title:. **9132 DICE RD** Address: SANTA FE SPRINGS CA 90670-2545 City/ST/Zip: (310)946-6671 Telephone: 6. Owner Information If information is different, provide complete information below: PHILIP REED PRESIDENT Name: **9132 DICE RD** SANTA FE SPRINGS CA 90670-2545 City/ST/Zip: (310)946-6671 Telephone: If ownership has changed please also provide date of change: Check this box ONLY if you wish to deactivate the EPA ID Number given on Line 1. I hereby certify under penalty of perjury the above information is true and correct. Signature Date Name (Please Print) Title

#### INSTRUCTIONS

Below are line-by-line instructions for completing the enclosed Verification Questionnaire, Manifest Fee Calculation Sheet, and Fees Summary Sheet. Please read the instructions thoroughly prior to completing the forms. The Verification Questionnaire displays information currently contained in DTSC files about your firm. Please use the space provided to update any of the pre-printed information. IMPORTANT: you may not change, strike out, or write over the EPA ID number and/or location address pre-printed in the shaded area. These two items may not be altered in any way. If either of these two fields show incorrect information, please call the GISS for assistance.

#### **VERIFICATION QUESTIONNAIRE**

DTSC requires a Verification Questionnaire form be completed for each EPA ID number which was issued to your organization and in effect at any time during the 1997/98 fiscal year or had manifest activity associated with it during the 1996 calendar year. The information you provide on this form should pertain to the individual site where the EPA ID number is assigned. Failure to provide this information may result in the suspension of the EPA ID number(s) assigned to your organization. (Per Health and Safety Code, Section 25205.16).

#### **INSTRUCTIONS:**

#### Lines 1 and 2:

DTSC has pre-printed the EPA ID number (Line 1) along with the site location (Line 2) where the EPA ID number is assigned. If you do not recognize the EPA ID number indicated on Line 1 or if the Location Address indicated on Line 2 differs from your records, DO NOT change either item. Instead, call the GISS for clarification and further information.

#### Line 3:

DTSC has indicated the number of 1996 manifests submitted by your organization under the EPA ID number shown on Line 1. You may use this total as a guideline in completing Schedule A. If your records indicate a different total, use the number from your records. However, if that total differs greatly from the number preprinted, please call the GISS for further information.

#### Lines 4, 5, and 6:

Please indicate any necessary changes to your Company's Name, Contact Information, and/or Owner Information in the space provided to the right of the pre-printed information. Make sure any information you provide is complete. Note: EPA ID numbers issued by DTSC may not be transferred to another owner. If the ownership information is different from the pre-printed information, please call the GISS for further information.

#### Line 7:

Check this box <u>ONLY</u> if you wish to deactivate the EPA ID number given on Line 1. Requests to deactivate an EPA ID number should be made only if your organization has ceased doing business at the site's location; hazardous waste is no longer being handled at the site; or more than one EPA ID number has been assigned to the same location. (If the location pre-printed on Line 2 has multiple EPA ID numbers, please call the GISS for further information.)

#### Certification/Signature:

The person who is responsible for completing the Verification Questionnaire must sign, date, and print his or her name and title.

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (1996)

(TO COMPLETE THIS FORM PLEASE SEE PAGE 2 OF THE INSTRUCTIONS)

r pre-printed on Line 1 of the	
ests used solely or partially for non-re y deduct the first four (4) manifests u nation of the two categories (e.g. 0 re ctions in Column II, Box 2b and/or E a Column II, Box 2b and Box 3b. No	solely for recycled waste (only handling ecycled waste (\$12). If your organization sed by your organization in 1996. This ecycled + 4 non-recycled; 3 recycled + 1 lox 3b of the table below. If you do not OTE: If you have more than one EPA ID number you hold.
COLUMN II	COLUMN III
2b) Enter the number of manifests used solely for recycled waste you are deducting:	2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.
3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:	3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-re- cycled waste.
(Box 2b + Box 3b should equal to more than 4)	6
an III, Box 2c and multiply by \$6:  00 = \$ 12.00  Line 4a OR \$5,000, whichever  an III, Box 3c and multiply by \$12:  00 =	\$ 72.00
	ests used solely or partially for non-rely deduct the first four (4) manifests unation of the two categories (e.g. 0 rections in Column II, Box 2b and/or Box 2b and Box 3b. Notaken only once; not for every EPA  COLUMN II  2b) Enter the number of manifests used solely for recycled waste you are deducting:  1  3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (continued)

- Box 2a: From the total Manifests you reported on Line 1, enter the number of Manifests which were used solely for recycled waste. (Each waste shown on a single Manifest must have a handling code reported only as "01" or "R01" in order for that manifest to be included here.)
- Box 2b: If your organization qualifies for the Manifest deduction, enter the number of Manifests which were used solely for recycled waste that you are deducting. Enter a "0" if your organization does not qualify for this deduction, or if none of the first four Manifests used fit this category.
- Box 2c: Subtract Box 2b from Box 2a and enter the remainder.
- Box 3a: From the total Manifests reported on Line 1, enter the number of Manifests which were used solely or partially for non-recycled waste.
- Box 3b: If your organization qualifies for the Manifest deduction, enter the number of Manifests which were used solely or partially for non-recycled waste that you are deducting. Enter a "0" if your organization does not qualify for this deduction, or if none of the first four Manifests used fit this category.
- Box 3c: Subtract Box 3b from Box 3a and enter the remainder.
- Line 4a: Multiply the figure given in Box 2c by \$6.00 (fee rate for Manifests used solely for recycled waste) and enter the dollar amount.
- Line 4b: The maximum dollar amount an organization is to pay for Manifests used solely for recycled waste is \$5,000 per EPA ID number. Enter either the figure given on Line 4a, OR "\$5,000", whichever amount is less.
- Line 4c: Multiply the figure given in Box 3c by \$12.00 (fee rate for Manifests which were used solely or partially for non-recycled waste) and enter the dollar amount. These Manifests have no fee limit.
- Line 5: Add Line 4b and Line 4c. This amount is the total Manifest Fee due for the EPA ID number printed on Line 1 of the Verification Questionnaire (reverse side of Schedule A).

If you have more than one EPA ID number, complete a Verification Questionnaire and a Schedule A - Manifest Fee Calculation Sheet for each of your EPA ID numbers. When all Verification Questionnaires and Schedule A - Manifest Fee Calculation Sheets have been completed for all your EPA ID numbers, proceed to Schedule B - Fees Summary Sheet.

## SCHEDULE B - FEES SUMMARY SHEET (TO COMPLETE THIS FORM PLEASE SEE PAGE 5 OF THE INSTRUCTIONS)

A.	EPA	ID	NUMBER	VERIFICATION	FEE	(1997/98)	

2. Enter the to (See Page 5	tal number of of the Instru	f California employ ctions for definition of	yees in your of California	entire organizati Employees)	on:		
Number of En	nployees	EPA ID Fee Rate		Number of Emplo	oyees	EPA I	DFcc Rate
1 throug	zh 49	No Fee		100 through 2	49	\$	200,00
50 throu		\$150.00		250 through 4	99		225,00
75 throug	<u>3</u> h 99	\$175.00		500 or more			250.00
	-	Fees No	ot to Exceed !	5,000.00			
4. Enter the to	tal number	ber Verification For Section For Section For Section Property of EPA ID number stionnaire for each EP	s held by ye	our organization.		\$	0
		number fee (Mul		-	•	\$	0
	6. Total EPAID Number Verification Fee Due (Enter the dollar amount from Line 5 above, OR \$5,000.00, whichever amount is less)\$						
1. Enter the d Fee Calcul EPAID nu	1. Enter the dollar amount from Line 5 on your Schedule A-Manifest Fee Calculation Sheet. If your organization has more than one EPA ID number, enter the total of all dollar amounts from Line 5 on all your Schedule A-Manifest Fee Calculation Sheets.  84.00						84.00
C. GRAND TOTAL OF EPA ID NUMBER VERIFICATION AND MANIFEST FEES  1. Add Line A6 and Line B1 and enter here							
	If a fee is due, please make your check payable to "DTSC" for the amount reported on Line C1.						
If you wish to pay your fee by credit card, please see cover letter for instructions.  OU MUST RETURN THE ORIGINAL OF THE FOLLOWING DOCUMENTS:  * Verification Questionnaire (one form for each EPA ID number reported on Line 4)  * Schedule A - Manifest Fee Calculation Sheet (one form for each EPA ID number reported on Line 4)							
* Schedule B	- Fees Sumi	mary Sheet (only or	ne form is n	eeded for your em	pire organ	r reported ization)	ed on Line 4)

THIS SECTION F	ORDEPARTMENT'S USEO	NLY
\$ AMOUNT:	DATE:	CID NO;
12560092:	12560065:	
12560091:	AMOUNT DUE:	
12560093:	PRIMARY ID #:	
	\$ AMOUNT: 12560092: 12560091:	12560092: 12560065:  12560091: AMOUNT DUE:

#### SCHEDULE B - FEES SUMMARY SHEET

#### Section A - EPA ID Number Verification Fee (1997/98):

Health and Safety Code, Section 25205.16 requires DTSC to verify the accuracy of its information related to generators, transporters, and facilities authorized to treat, store, dispose, or recycle hazardous waste. DTSC captures the data needed via the Verification Questionnaire and uses the information collected to ensure its Hazardous Waste Information Network database is current and correct. The EPA ID Number Verification Fee, which has been established by the State Legislature, funds this effort. The fee is based on the total number of California employees working in your entire organization.

#### **INSTRUCTIONS:**

- Line 1: Enter the full name of your organization. No abbreviations please.
- Line 2: Enter the total number of individuals employed in California by your organization. An employee must have worked more than 500 hours during calendar year 1997 to be included in your calculation. "Organization" is defined as a registered corporation, single proprietor, or partnership or company. For public agencies, "organization" is defined as an agency, department, or district.
- Line 3. Based on the number of employees entered on Line 2, determine your EPA ID Verification Fee Rate by using the table shown, and enter that rate here.
- Line 4: Enter the total number of EPA ID numbers assigned to your organization. If you indicated on Line 7 of the enclosed Verification Questionnaire that you wish to deactivate an EPA ID number, include that EPA ID number in this total. The fee is still required if the number was active anytime during this billing period (July 1, 1997 through June 30, 1998).
- Line 5: Enter the EPA ID Number Verification Fee by multiplying the fee rate (reported on Line 3) by the total EPA ID numbers held by your organization (reported on Line 4).
- Line 6: The maximum EPA ID Number Verification Fee is \$5,000.00 per organization. Enter either the amount on Line 5, OR "5,000.00", whichever amount is less.

#### Section B - Manifest Fee (Calendar Year 1996):

Line 1: Enter the total Manifest Fee due. This dollar amount is reported on Line 5 of your Schedule A - Manifest Fee Calculation Sheet. If you have more than one EPA ID number, enter the total of all dollar amounts reported on Line 5 of each of your Schedule A - Manifest Fee Calculation Sheets.

#### Section C - Grand Total of all EPA ID Number Verification and Manifest Fees:

Line 1: Add Line A6 and Line B1. The sum of these two amounts is the total fee due from your organization.

#### AUG. 1996 THROUGH MAR. 1998 WASTE GENERATION REPORT

#### ELECTRONIC CHROME & GRINDING 9128-32 DICE ROAD SANTA FE SPRINGS, CA 90670

		<b>DATE</b> 8/8/96	<u>MANIFEST</u> 95361138	WASTE STREAM FILTER CAKE	<b><u>OTY</u></b> 5	WEIGHT 2500 lb	DISPOSAL RECYCLE
		9/9/96	95361157	GRINDING SLUDGE CHROME SLUDGE	2 2	1000 lb 1000 lb	LANDFILL RECYCLE
	*	9/10/96	95361163	WASTE WATER	400 g	400 gal	RECYCLE
		9/18/96	95361166	FILTER CAKE CHROME SLUDGE	4 2	4000 lb 1000 lb	RECYCLE RECYCLE
		9/26/96	95361176	CHROME SLUDGE	1	500 lb	RECYCLE
* CLOED ET IN	-	- 10/31/96	96557630	FILTER CAKE	6	6000 lb	RECYCLE
4		1/24/97	96557701	WASTE WATER	375 gal	375 gal	RECYCLE
		2/4/97	96557712	GRINDING SLUDGE CHROME SLUDGE FILTER CAKE	2 7 1	1000 lb 3500 lb 1000 lb	LANDFILL RECYCLE RECYCLE
		3/20/97	96557783	GRINDING SLUDGE CHROME SLUDGE FILTER CAKE	2 7 3	1000 lb 3500 lb 3000 lb	LANDFILL RECYCLE RECYCLE
		4/15/97	96557816	CHROME SLUDGE FILTER CAKE	8 3	4000 lb 3000 lb	RECYCLE RECYCLE
		4/23/97	96557829	CHROME SLUDGE	7	3500 lb	RECYCLE
		6/25/97	96557972	WASTE WATER	400 gal	400 gal	RECYCLE
•		6/30/97	96557982	FILTER CAKE	6	6000 lb	RECYCLE
		7/23/97	96796849	FILTER CAKE	3	3000 lb	RECYCLE
		8/15/97	96796896	CHROME SLUDGE FILTER CAKE	5 3	2000 lb 4000 lb	RECYCLE RECYCLE
		10/7/97	96796994	CHROME SLUDGE FILTER CAKE	3 4	2100 lb 8000 lb	RECYCLE RECYCLE
		11/6/97	96797053	WASTE WATER	350 gal		RECYCLE
		12/18/97	96797127	CHROME SLUDGE FILTER CAKE GRINDING SLUDGE	1 4 2	600 lb 6000 lb 1000 lb	RECYCLE RECYCLE LANDFILL
,		3/3/98	97216843	FILTER CAKE	5°	9000 lb	RECYCLE



#### Cal/EPA

**April 1998** 

Department of Toxic Substances Control

TO:

HAZARDOUS WASTE HANDLERS

Pete Wilson Governor

400 P Street 4th Floor P.O. Box 806 Sacramento, CA 95812-0806

SUBJECT: EPA ID Number Verification And Manifest Fees Assessment

Peter M. Rooney Secretary for Environmental Protection

This is your 1997/98 fee assessment for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Verification Fee is for all valid EPA ID numbers held by your organization any time during the 1997/98 fiscal year (July 1, 1997 through June 30, 1998). The Manifest Fee is for California Uniform Hazardous Waste Manifests (Manifests) used by your organization as a generator during the calendar year 1996.

Instructions are enclosed to assist you in completing the forms and calculating the required fees, if applicable. Your completed forms and payment are due 30 days from receipt of this assessment. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Send the completed forms and required payment to the following address:

Accounting Unit, EPA ID
Department of Toxic Substances Control
P.O. Box 806
Sacramento, California 95812-0806

If you have any questions, please contact DTSC's Generator Information Services Section (GISS) for assistance. You may reach the GISS operators by calling 1-800-618-6942 if you are dialing within California, or 1-916-324-1781 if you are dialing from outside California. The GISS operating hours are 8:30am to 12:00pm and 1:00pm to 4:30pm (Pacific Standard Time), Monday through Friday. GISS is closed during the lunch hour of 12:00pm to 1:00pm daily.

CREDIT CARD PAYMENT: If you wish to pay your fees via a credit card, please call the GISS at the number listed above for further instructions.

## 

Telephone Information Center: 1-800-618-6942 (California Callers Only) or 1-916-324-1781 (Outside California)

## 1997 VERIFICATION QUESTIONNAIRE

The Department of Toxic Substances Control requires the enclosed forms ("Verification Questionnaire", "Schedule A - Manifest Calculation Sheet", and "Schedule B - Fees Summary Sheet") be completed and returned 30 days from the date of receipt. To complete these forms please see the instructions beginning on Page 3.

## PLEASE DO NOT CHANGE ANY INFORMATION IN THE SHADED AREA

	ELECTRONIC CHROME CO INC 9132 DICE RD SANTA FE SPRINGS CA 90670-2545	If your Mailing Address has changed, please PRINT or TYPE New Mailing Address below:
		TE Calendar Veat 1995 the number of California
4.	Company Name  ELECTRONIC CHROME CO INC	different, indicate changes below:
5.	Contact Information  MIKE REED  9132 DICE RD  SANTA FE SPRINGS CA 906700000  (310)946-6671	
6.	Owner Information  PHILIP REED PRESIDENT  9132 DICE RD  SANTA FE SPRINGS CA 90670-0000  (310)946-6671	
7.	Check this box ONLY if you wish to decept certify under penalty of perjury the above information	activate the EPA ID Number given on Line 1.
Signa		Date
Name	e (Please Print)	Title

Below are line-by-line instructions for completing the enclosed Verification Questionnaire, Manifest Fee Calculation Sheet, and Fees Summary Sheet. Please read the instructions thoroughly prior to completing the forms. The Verification Questionnaire displays information currently contained in DTSC files about your firm. Please use the space provided to update any of the pre-printed information **EXCEPT** for the EPA ID number and location address. These two items may not be changed. If you have any questions, please contact the TIC for assistance.

#### **VERIFICATION QUESTIONNAIRE**

DTSC requires a Verification Questionnaire form be completed for each EPA ID number which was (1) issued to your organization and (2) in effect at any time during the 1996/97 fiscal year. The information you provide on this form should pertain to the individual site where the EPA ID number is assigned. Failure to provide this information may result in the suspension of the EPA ID number(s) assigned to your organization. (Health and Safety Code, Section 25205.16).

#### INSTRUCTIONS:

#### Lines 1 and 2:

DTSC has pre-printed the EPA ID number (Line 1) along with the site location (Line 2) where the EPA ID number was assigned. If you do not recognize the EPA ID number indicated on Line 1 or if the Location Address indicated on Line 2 differs from your records, DO NOT change either item. Instead, call the TIC for clarification and further information.

#### **Line 3:**

DTSC has indicated the number of 1995 manifests submitted by your organization under the EPA ID number shown on Line 1. You may use this total as a guideline in completing Schedule A. If your records indicate a different total, use the number from your records. However, if that total differs greatly from the number pre-printed by DTSC, please contact the TIC for further information.

#### Lines 4, 5, and 6:

Please indicate any necessary changes to your Company's Name, Contact Information, and/or Owner Information in the space provided to the right of the pre-printed information.

#### Line 7:

Check this box <u>ONLY</u> if you wish to deactivate the EPA ID number given on Line 1. Requests to deactivate an EPA ID number should be made only if your organization has ceased doing business at the site's location; hazardous waste is no longer being handled at the site; or more than one EPA ID number has been assigned to the same location. (If the site has multiple EPA ID numbers, please call the TIC for further information.)

#### Certification/Signature:

The person who is responsible for completing the Verification Questionnaire must sign, date, and print his or her name and title.

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (1995) (TO COMPLETE THIS FORM PLEASE SEE PAGE 4 OF THE INSTRUCTIONS)

1995 for the EPA ID number	ornia manifests used in Calendar er pre-printed on Line 1 of the on the reverse side	
and those manifests used solely or par employees, you may deduct the first if be taken in any combination of the tweetc.). Enter your deductions in Colum	rtially for non-recycled waste (\$12). Four (4) manifests used by your organ vo categories (e.g. 0 recycled + 4 nom II, Box 2b and/or Box 3b of the Box 2b and Box 3b. Note: If you	ts used solely for recycled waste (\$6), If your organization has less than 100 nization in 1995. This deduction may n-recycled; 3 recycled + 1 non-recycled table below. If you do not qualify for have more than one EPA ID number, a hold.
COLUMN I	COLUMN II	COLUMN III
2a) From the total manifests reported on Line 1, enter the number of manifests which were used solely for recycled waste:	2b) Enter the number of manifests used solely for recycled waste you are deducting:	2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.
4	0	4
3a) From the total manifests reported on Line 1 enter the number of manifests which were used solely or partially for non-recycled waste:	3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:	3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.
(Box 2a + Box 3a should equal the amount in Line I)	(Box 2b + Box 3b should equal no more than 4)	3
b) Enter the dollar amount from amount is less c) Enter the figure given in Col	lumn III, Box 2c and multiply by $00 = \frac{24.00}{24.00}$ m Line 4a OR \$5,000, whicheve lumn III, Box 3c and multiply by $00 = \frac{1}{2}$	\$ 24.00 \$12: \$ 36.00

### SCHEDULE A - MANIFEST FEE CALCULATION SHEET (continued)

- Box 2a: From the total Manifests reported on Line 1, enter the number of Manifests which were used solely for recycled waste. (Each waste reported on a single Manifest must have a handling code of "01" to be included here.)
- Box 2b: If your organization qualifies for the Manifest deduction, enter the number of Manifests which were used solely for recycled waste that you are deducting. Enter a "0" if your organization does not qualify for this deduction, or if none of the first four Manifests used fit this category.
- Box 2c: Subtract Box 2b from Box 2a and enter the remainder.
- Box 3a: From the total Manifests reported on Line 1, enter the number of Manifests which were used solely or partially for non-recycled waste.
- Box 3b: If your organization qualifies for the Manifest deduction, enter the number of Manifests which were used solely or partially for non-recycled waste that you are deducting. Enter a "0" if your organization does not qualify for this deduction, or if none of the first four Manifests used fit this category.
- Box 3c: Subtract Box 3b from Box 3a and enter the remainder.
- Line 4a: Multiply the figure given in Box 2c by \$6.00 (fee rate for Manifests used solely for recycled waste) and enter the dollar amount.
- Line 4b: The dollar limit an organization is to pay for Manifests used solely for recycled waste is \$5,000 per EPA ID number. Enter either the figure given on Line 4a, OR "\$5,000", whichever amount is less.
- Line 4c: Multiply the figure given in Box 3c by \$12.00 (fee rate for Manifests which were used solely or partially for non-recycled waste) and enter the dollar amount. These Manifests have no fee limit.
- Line 5: Add Line 4b and Line 4c. This amount is the total Manifest Fee due for the EPA ID number printed on Line 1 of the Verification Questionnaire (reverse side of Schedule A).

If you have more than one EPA ID number, complete a Verification Questionnaire and a Schedule A - Manifest Fee Calculation Sheet for each of your EPA ID numbers. When all Verification Questionnaires and Schedule A - Manifest Fee Calculation Sheets have been completed for all your EPA ID numbers, proceed to Schedule B.

## SCHEDULE B - FEES SUMMARY SHEET (TO COMPLETE THIS FORM PLEASE SEE PAGE 6 OF THE INSTRUCTIONS)

A.	EPA II	<b>NUMBER</b>	<b>VERIFICATION FEE (1996/97</b>	)
----	--------	---------------	----------------------------------	---

1	. Name of Organization:					
2	Enter the total number (See Page 6 of the Instruc	of California emplo	yees in your entire organ California Employees)	nization:		
	Number of Employees	EPA ID Fee Rate	Number of Employe	ees J	EPA ID Fee Rate	
Γ	1 through 49	No Fee	50 through 74	~~~	\$150.00	
	75 through 99	\$175,00	100 through 249		\$200.00	
	250 through 499	\$225,00	500 or more		\$250.00	
L		Fees Not to	o Exceed \$5,000.00			
3	Enter the EPA ID Num			ove \$	No Fee	
4	Enter the total number (Return a Verification Que	of EPA ID number: stionnaire for each EP.	s held by your organizati A ID number reported on Lin	on	1	
5	. Calculate your EPA ID			· ·	0	
6	. Total EPA ID Number from Line 5 above, OF	Verification Fee Di	ue (Enter the dollar amonever amount is less)	ount \$_	0	
	MANIFEST FEE (Ca	alendar Year 19	995)			
1	Enter the dollar amoun Fee Calculation Sheet. EPA ID number, enter on all your Schedule A	If your organization the total of all dollar	our Schedule A - Manifes on has more than one ar amounts from Line 5 lculation Sheets		60.00	
A	GRAND TOTAL OF AND MANIFEST FE	EES				
]	1. Add Line A6 and Line	e B1 and enter here			60.00	
	If a fee is due, please make your check payable to "DTSC" for the amount reported on Line C1.  If you wish to pay your fee by credit card, please see Page 1 of the instructions.					
	. The more to	pay your ree by cream c	ard, picase see Page 1 of the	instructions	i.	
YOU	MUST RETURN THE F * Verification Questions	naire (one form for each	ch EPA ID number reporte	d on Line 4		
	* Schedule A - Manifest	Fee Calculation Shee	et (one form for each EPA	ID number	romented on Time 41	
	* Schedule B - Fees Sum	nmary Sheet (only one	e form is needed for your en	ntire organi	zation)	
		S SECTION FOR DEP	PARTMENT'S USE ONLY			
HECK	NO: SAMO	OUNT:	DATE:	CID NO:		
256005	5: 12560	1092:	UNCLEAR:	5		

CHECK NO:	\$ AMOUNT:	DATE:	CID NO:
12560055:	12560092:	UNCLEAR:	
12560035:	12560091:	AMOUNT DUE:	<del> </del>
12560045:	12560093:	PRIMARY ID #:	





April 1997

#### Cal/EPA

Department of Toxic Substances Control

400 P Street, 4th Floor P.O. Box 806 Sacramento, CA 95812-0806 TO:

HAZARDOUS WASTE HANDLERS

Pete Wilson Governor

James M. Strock Secretary for Environmental Protection

SUBJECT:

EPA ID NUMBER VERIFICATION AND MANIFEST FEES ASSESSMENT

This is your 1996/97 fee bill for the Environmental Protection Agency Identification (EPA ID) Number Verification Fee and Manifest Fee as required by Health and Safety Code, Sections 25205.16 and 25205.15. The EPA ID Verification Fee is for all valid EPA ID numbers held by your organization during the 1996/97 fiscal year (July 1, 1996 through June 30, 1997). The Manifest Fee is for California Uniform Hazardous Waste Manifests (Manifests) used by your organization as a generator during the calendar year 1995.

Instructions are enclosed to assist you in completing the forms and calculating the required fees, if applicable. Your completed forms and payment are due 30 days from receipt of this bill. Checks are to be made payable to the Department of Toxic Substances Control or "DTSC". Send the completed forms and required payment to the following address:

Accounting Unit, EPA ID
Department of Toxic Substances Control
P.O. Box 806
Sacramento, California 95812-0806

If you have any questions, please contact DTSC's Telephone Information Center (TIC) for assistance. You may reach the TIC operators by calling 1-800-618-6942 if you are dialing within California, or 1-916-324-1781 if you are dialing from outside California. The TIC operating hours are 8:30am to 4:30pm (Pacific Standard Time), Monday through Friday.

CREDIT CARD PAYMENT: If you wish to pay your fees via a credit card, please call the TIC at the number listed above for further instructions.



## 

## **VERIFICATION QUESTIONNAIRE**

The Department of Toxic Substances Control requires the enclosed forms ("Verification Questionnaire", "Schedule A - Manifest Calculation Sheet", and "Schedule B - Fees Summary Sheet") be completed and returned 30 days from receipt. Please see instructions for completing these forms beginning on Page 1.

#### PLEASE DO NOT CHANGE ANY INFORMATION IN THE SHADED AREA

The state of the s	PRINT or TYPE New Mailing Address below
ELECTRONIC CHROME	COINC
9132 DICE RD	COINC
SANTA FE SPRINGS	CA 90670-0000
3. 不分理 出版 (图7)图 (图7)	TO THE RESIDENCE OF THE PERSON
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Company Name	If different, indicate changes below:
1. The second se	
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	O INC
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MIKE REED	O INC
Contact Information MIKE REED 9132 DICE RD	
Contact Information MIKE REED 9132 DICE RD SANTA FE SPRINGS	CA 90670-0000
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Contact Information MIKE REED 9132 DICE RD SANTA FE SPRINGS (310)946-6671  Owner Information PHILIP REED PRESIDENT 9132 DICE RD SANTA FE SPRINGS	CA 90670-0000
Contact Information  MIKE REED  9132 DICE RD  SANTA FE SPRINGS (310)946-6671  Owner Information  PHILIP REED PRESIDENT 9132 DICE RD	CA 90670-0000

## SCHEDULE A - MANIFEST FEE CALCULATION SHEET (1994)

1.	Enter total number of Calif were used in Calendar Ye	fornia manifests your records sho ar 1994	w <u> </u>
		fests used for the EPA ID Number shoots or bills of lading from your transpor	
DEDU	ICTIONS:		
manif you m con:bi leduc '0" in	ests used solely or partially for lay deduct the first four (4) man mation of the two categories (e. tions in Column II, Box 2b and	non-recycled waste (\$12). If your or infests used by your organization in 1 g. 0 recycled + 4 non-recycled; 3 rec for Box 3b of the table below. If you b. Note: If you have more than one	rolely for recycled waste (\$6), and those reganization has less than 100 employees, 1994. This deduction may be taken in an cycled + 1 non-recycled, etc.). Enter you do not qualify for this deduction, enter EPA ID number, this deduction may be
	COLUMN I	COLUMN II	COLUMN III
2a)	From the total manifests reported on Line 1, enter the number of manifests which were used solely for recycled waste:	2b) Enter the number of manifests used solely for recycled waste you are deducting:	2c) Subtract Box 2b from Box 2a. Use this new total to calculate your fees for manifests used solely for recycled waste.  1
	From the total manifests reported on Line 1 enter the number of manifests which were used solely or partially for non-recycled waste:  3  (Box 2a + Box 3a should equal the amount in Line 1)	3b) Enter the number of manifests which were used solely or partially for non-recycled waste you are deducting:  3  (Box 2b + Box 3b should equal no more than 4)	3c) Subtract Box 3b from Box 3a. Use this new total to calculate your fees for manifests used solely or partially for non-recycled waste.
a) . b)	1 x \$ 6  Enter the dollar amount fro amount is less.  Enter the figure given in Co	umn III, Box 2c and multiply by .00 = \$6.00  m Line 4a OR \$5,000, whicheve lumn III, Box 3c and multiply by 2.00 =	er \$6.00
:\ E-	tor Total Manifest Fac	Due: (Add 4h and 4c)	\$ 6.00

#### DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P STREET, 4TH FLOOR P.O. BOX 806 SACRAMENTO, CA 95812-0806



CORRECTION NOTIFICATION

April 21, 1994

ELECTRONIC CHROME CO INC 9132 DICE RD SANTA FE SPRINGS, CA 90670

EPA ID NUMBER CADOO8391427
MANIFESTS 4

The Department of Toxic Substances Control (Department) has reviewed the EPA ID Number and Manifest Fee Return sent to you for the EPA ID Number listed above. The review disclosed a computer error which resulted in overstating the number of manifests used in 1992 for that EPA ID Number. On your original Fee Return, please line out the incorrect preprinted number for manifests used and enter the corrected number provided above. After the change has been made, please follow the instructions provided with the Fee Return to calculate the amount of fees owed.

The Department regrets any problems this error has caused and will be taking the following actions to address the effects of the error:

ALREADY DE

- 1. The hours of the Department's Telephone Information Center have been extended. The new hours, in effect until the end of May 1994, are 8:15 a.m. to 7:00 p.m. (Pacific Time) Monday through Friday, and 9:00 a.m. to 4:00 p.m. (Pacific Time) Saturday. The Telephone Information Center numbers are 800-618-6942 (within California) or 916-324-1781 (outside California).
- 2. The due date for submitting your Fee Return and any fees due is extended by 15 days. The new due date is 45 days from receipt of the original Fee Return.
- 3. The Department will be reviewing all Fee Returns and will automatically refund the amount of any overpayments made as a result of over reporting the number of manifests. Thus it will not be necessary for you to review or amend your return if you submitted it based upon the original incorrect number of manifests.

Thank you for your cooperation in correcting this error. If you have any questions please contact the Telephone information Center at the numbers listed above.



### California Environmental Protection Agency - Department of Toxic Substances Control

## EPA ID NUMBER AND MANIFEST FEE RETURN



			Check #:	Amt:	
*		. 3	Check Date:		
			CID #:		
	•				
		·	125600 55:		
•			125600 35:		
LECTRONIC CHROME CO INC	•		125600 45:		<u>.</u>
132 DICE RD			125600 92:		
ANTA FE SPRINGS CA 90670			125600 91:	*	
ANTA FE SPRINGS CA 30070			125600 93:		
	•		Uncleared:		
State legislation establishing two fees for ha ees is now required for (1) verification of azardous waste manifest submitted to the completing this form beginning on Page 2. "HISFORMAND THE REQUIRED FEESMUS"	information related to Department of T	to a business' loxic Substances	EPA Identificat s Control (Depa	ion (ID) Number artment). See in	r and (2) each nstructions fo
PA ID NUMBER FEE (for fiscal		8 (4) 9			
The total amount of fee you must pay for vemployees in your organization and how letermined the following EPA ID Numb	many 1D numbers er has been assiç	are assigned to ned to your or	o your organiza ganization:	CAD00839	artment has 1427
. Please enter your organization's nine digit in Number of individuals employed by your in (IMPORTANT: see instructions on how to display the contractions of the cont	ntire organization in	California:	2.	16	
that your organization should report)		· · · · · · · · · · · · · · · · · · ·			
. EPA ID Number fee required for an organiz	ation of this size:		3.	<del>2</del>	= -
(IMPORTANT: see Instructions on how to d		fee)			1
. Total of all EPA ID Numbers assigned to yo	our organization:	•	4.		
. Multiply Line 3 by Line 4. Indicate your	EPA ID Number Ver	rification Fee due	):	5.	\$ 0
MANIFEST FEE (for calendar yea State law requires payment of a \$6 or \$12 Uniform Hazardous Waste Manifest form understand the instructions related to the e that during 1992 the amount of manifes	fee (depending on submitted to the De xemptions and limit sts submitted und	epartment. IMF lations of the Mai le <b>r the above li</b> t	PORTANT: It is nifest Fee. The sted EPA ID N	s imperative that Department ha umber totaled:	t you <u>read and</u> is determined
	WE ACTO	LOCKY HAD	4, But 1.	- 4 ARE FIRE	36
•				(See a	LAST PAGE
5. Enter the total number of manifests submit	ted during 1992 by y	our organization:			
(Remember to deduct 4 manifests if you t	have less than 100 er	mployees)	6.	. 0	
If your organization used manifests "solely	for recycled wast	e, complete the			•
attached "Worksheet A" and enter the total	l dollar amount calcu	lated.	7.	<u> </u>	
. Enter the total number of manifests qualify	ing for the \$12 fee:		·		
(Manifests used for other than recycled wa	stes)		8.	<u> </u>	. :
<ol><li>Multiply the number on Line 8 by \$12 and or</li></ol>	anter that amount:			•	
(If zero or less, enter zero)	2		9.	<u> </u>	
		7 .		4.6	\$ 0
0. Add Lines 7 and 9. Indicate your Manif	est Fee due:			10.	<u> </u>
1. Add Lines 5 and 10. Indicate your total	of all fees due:	* .		11.	\$ 0
Attach a check in the appropriate amount made paya Accounting Section		along with this comp	oleted form to:		77
Department of Toxic Substances Control				• .	
P.O. Box 806					
Sacramento, CA 95812-0806	ou must complete	both sides of t	hls form	43148G DISC	- March, 1994
	RETURN	0 4/10/9y		2.50	

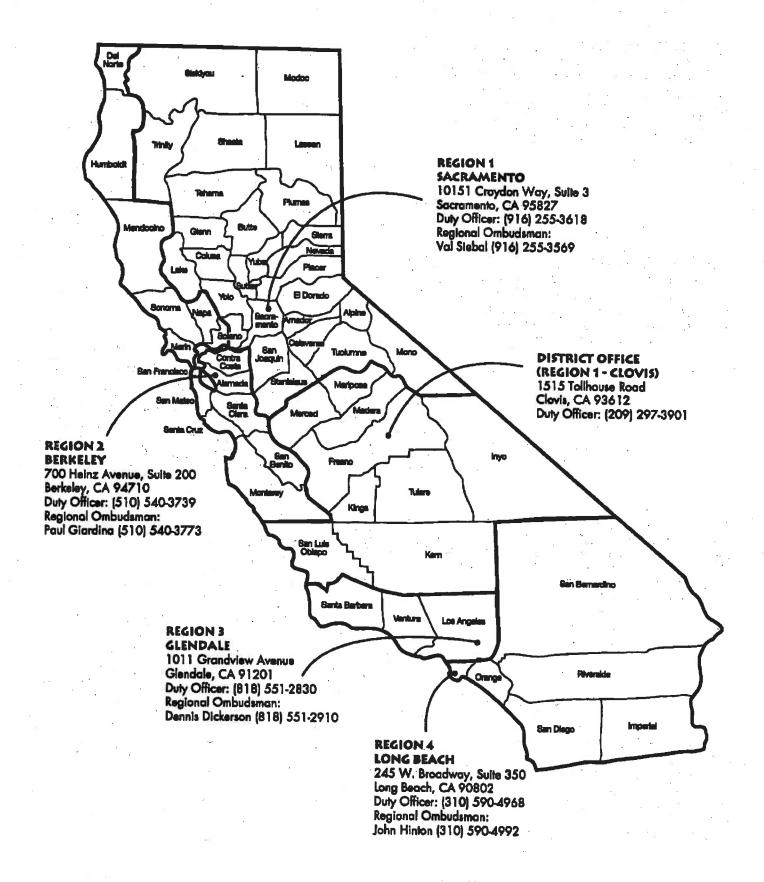
## DEPARIMENT OF TOXIC SUBSTANCES CONTROL

## EPA ID NUMBER VERIFICATION QUESTIONNAIRE

information contained in our mes regarding your hazardous waste activity as required by California Health & Safety Code Section 25205.16. Please fill in the items below for the geographic location or site represented by the EPA Identification Number printed on the Fee Return. (See Instructions for completing this form on Page 4.)

1. EPA IDENTIFICATION NU	UMBER FOR YOUR GEOGRAPHICAL LOCATION: CAD	008391427
2A. COMPANY NAME:	ELECTRONIC CHROME CO., INC.	
2B. FICTITIOUS BUSINESS NAME (If applicable):		
MANUE (II applicable).		
3. LOCATION ADDRESS:		
. 200/1/10/1/1251	No: 9132 Smet Dice Road Santa Fe Springs, Santa Company	Suite: 9 0 6 7 0
	Chy Santa Fe Springs, Sate:	ZA 20: 30070
	- 010 000F 2471	
4. BOE NUMBER	5. SIC CODE: 3471	
	± 1 20	
8. MAILING ADDRESS:	No: 9132 Dice Road Street:	Code
	No: 9132 Dice Road Street: City: Santa Fe Springs, 737 Stelle:	CA Zio: 90670
W.		
7A. CONTACT PERSON'S		
NAME & TITLE:	MIKE REED	
CONTACT ADDRESS:	No: 9132 Street Dice Road	Suite:
		CA <b>ZIO</b> : 90670
•		
7B. PHONE NUMBER:	(310) 946-6671 7C. FAX NUMBER: (31	10 ) 946-5903
		for
8A. OWNER'S NAME:	Philip Reed, President	
OWNER'S ADDRESS:	No: 9132 Street Dice Road	Suite
		CA Zic: 90670
	, , , , , , , , , , , , , , , , , , ,	310) 946-5903
8B. PHONE NUMBER:	(310) 946-6671 8C. FAX NUMBER: (	310) 948-3903
9. INDICATE IF YOU WISH	H TO INACTIVATE THE EPA ID NUMBER FOR THIS LOCATIONS ON PAGE 5 REGARDING FACTS RELATING TO INACTION	ION. IVE EPA ID NUMBERS.)
(SEE INSTRUCTION	NS ON PAGE 5 REGARDING 1 ACTO REBATING TO IMAGE	THE ELIVIDATION OF
10. NAME OF BUSINESS P	PREVIOUSLY OPERATING AT THIS LOCATION (if known):	
44 NIDIOATE WUAT TVDE	E OF HAZARDOUS WASTE THIS LOCATION MANAGES (ch	eck one).
RCRA (federally regi	sulated waste 100 kg and above or acutely hazardous waste 11	kg and above per month)
Non-RCRA (all State	e regulated waste or federally regulated waste under 100 kg pe	er month)
	EDERAL AND/OR STATE WASTE CODES USED FOR THE V	WASTE GENERATED OR HANDLED
AT YOUR SITE:		
F006/171	/352 /222	_
	You must complete both sides of this form	

# DEPARTMENT OF TOXIC SUBSTANCES CONTROL



# Take advantage of the following services offered by the Department of Toxic Substances Control (DTSC)

#### **Regulatory Assistance**

DTSC has established an Office of Regulatory Assistance, operating out of Department headquarters in Sacramento. Staff are trained to oversee and coordinate the various assistance programs offered, the CEQA process, as well as local agency involvement. For more information, please call the help line at (916) 322-0476

#### **Consultative Services**

Upon request, DTSC compilance specialists will visit your business or facility to review your waste-handling operations and procedures. Cost-saving advice on pollution prevention and waste-minimization techniques may also be offered.

Call 1-800-52-TOXIC.

#### **Pollution Prevention**

All hazardous waste generators should review their operations and look for ways to reduce or eliminate the amount of waste produced. This may involve the use of new technologies, or improve production practices. For more information on pollution prevention, please call (916) 322-3670.

#### Cal/EPA and DTSC Conference and Exposition "Competitive Advantage through Environmental Technology"

This conference, May 4-6, 1994 in San Diego, is hosted by Cal/EPA and DTSC, to showcase California's environmental technology industry. There will be informative presentations and more than 100 exhibitors on hand. Call (916) 354-0176 for more information.

#### Walk-In Site Mitigation Program

Property owners and facility operators can receive timely DTSC oversight of their efforts to remediate contaminated sites with relatively low risks to health and environment. Contact: Site Mitigation Program. (See the reverse side for the DTSC Regional Office nearest you.)

#### Fee-For-Service Permit Assistance

This new program is designed to speed up an applicant's permit processing status. Assistance is given to those who are preparing permit applications, modifications, or closure plans. A fee is charged to cover DTSC costs. Contact: Site Mitigation Program. (See the reverse side for the DTSC Regional Office nearest you.)

#### Hazardous Household Waste

Many common household products are legally defined as hazardous. Proper disposal of unused portions of these products is important. For information regarding the next household hazardous waste collection event in your area, contact your county health office, or call the Duty Officer at the DTSC Regional Office nearest you.

#### INSTRUCTIONS FOR COMPLETING "WORKSHEET A"

Complete "Worksheet A" only for manifests submitted to the Department during 1992 which were used "solely for recycled" waste.

- Enter all EPA ID Numbers for which manifests were submitted for recycled waste in the first column.
- ► Enter the total number of manifests submitted under each EPA ID Number listed which were used "solely" for recycled waste in the second column.
- Multiply the number of manifests in the second column by six dollars (\$6) and enter that amount in the third column. If the total amount of manifest fees for any single EPA ID Number is more than \$5,000; only enter \$5,000.
- Add the dollar amounts in the third column and transfer that amount to the Manifest Fee Return, Line 7.
- Attach "Worksheet A" (if completed) to the Fee Return and Questionnaire and return with any fees owed to the Department.

#### WORKSHEET A

	ENTER EPA ID NUMBER (one per line)	NUMBER OF MANIFESTS (recycled waste only)	MULTIPLY MANIFEST COUNT BY \$6 AND ENTER TOTAL (or \$5,000, whichever is less)	
A				
			<u> </u>	
10				
	+ 1	1		
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#### INSTRUCTIONS FOR COMPLETING VERIFICATION QUESTIONNAIRE

The following data is necessary to verify the Department has current information associated with all EPA ID Numbers. You MUST complete a separate questionnaire for each EPA ID Number assigned to your organization. REMEMBER; THE FOLLOWING INFORMATION MUST BE REPORTED BY INDIVIDUAL LOCATION.

- Line 1: Enter the EPA ID Number of the location for which you are verifying information. This number should match the pre-printed number on the Fee Return Form.
- Line 2A: Enter the full name (with no abbreviations) of the company for which you are verifying information.
- Line 2B: Enter any fictitious business name the company may use.
- Line 3: Enter the location address associated with the company and EPA ID Number for which you are verifying information.
- Line 4: Enter the twelve digit tax identification number issued to your company. This is a Board of Equalization Identification Number assigned to your company by the State of California for tax reporting purposes.
- Line 5: Enter the four digit Standard Industrial Classification (SIC) Code that best describes your company's principal product or service. If you do not know your company's SIC Code please contact this Department.
- Line 6: Enter the mailing address associated with the company. This should be the address where you want any and all correspondence delivered. Please remember to include a zip code. (You may wish to report the same mailing address for any and all locations to assure proper and timely receipt of the fee forms for the next billing cycle.)
- Line 7A: Enter the name, title, and address of the contact person for the company or organization. This should be the person the Department can contact regarding this location's EPA ID Number and/or waste activity, if necessary.
- Line 7B: Enter the telephone number for the contact person reported on Line 7A. (Remember to include the area code.)
- Line 7C: Enter the telecopy (FAX) number, if applicable, for the contact person reported on Line 7A. (Remember to include the area code.)
- Line 8A: Enter the name and address of the legal owner of the company. An example could be an individual's name, a group name, or a corporation name; what ever is applicable.
- Line 8B: Enter the telephone number for the legal owner reported on Line 8A. (Remember to include the area code).
- Line 8C: Enter the telecopy (FAX) number, if applicable, for the legal owner reported on Line 8A. (Remember to include the area code.)
- Line 9: Enter an "X" in the appropriate box ONLY if (at the location reported on Line 3) hazardous waste is no longer generated, there are multiple EPA ID Numbers, or the company has ceased doing business and you would like to inactivate the EPA ID Number reported on Line 1. (If you mark this box, do not complete Lines 10 through 12.) REMEMBER: Any use of an inactive EPA ID Number will be subject to enforcement action.
- Line 10: Enter the name of the business formerly located at the address reported on Line 3, if known.
- Line 11: Enter an "X" in the appropriate box that describes the hazardous waste managed at the location reported on Line 3.

  RCRA (Resource Conservation and Recovery Act) is federally regulated waste in quantities of 100 kg and above per month, or acutely/extremely hazardous waste in quantities of 1 kg and above per month. Non-RCRA is all State regulated wastes or federally regulated wastes in quantities below 100 kg per month.
- Line 12: Enter the four digit Federal and/or three digit State waste codes that describe the type of hazardous waste managed at the location reported on Line 3. If there are multiple waste types, enter only those four that represent the largest amounts of waste by weight.

If you have any further questions concerning the Fee Return, Questionnaire, and/or your EPA ID Number, please contact the Department's Telephone Information Center at 800-61-TOXIC (if you are calling from within California) or 916-324-1781 (if you are calling from outside of California). The TIC is in operation Monday through Friday from 8:15am until 4:45pm.

#### **DEPARTMENT OF TOXIC SUBSTANCES CONTROL**

400 P Street, 4th Floor P.O. Box 806 Sacramento, CA 95812-0806

TO: Generator

Generators, Transporters, and Facility Operators:



State legislation establishing the EPA ID Number and Manifest Fees was enacted in 1992. Both fees have particular exceptions and limitations which make it extremely important that you <u>read and understand</u> all instructions regarding completion of the enclosed Fee Return and Questionnaire. You must complete both the Fee Return and Questionnaire. If you have any questions about completing the enclosed forms, please contact the Department of Toxic Substances Control's (Department) Telephone Information Center at 800-61-TOXIC (if you are calling from within California) or 916-324-1781 (if you are calling outside of California).

#### **EPA ID NUMBER VERIFICATION FEE**

Health and Safety Code Section 25205.16 requires the Department to impose a verification fee upon all generators, transporters, and facility operators with 50 or more employees which possess a valid State or federally issued Environmental Protection Agency Identification (EPA ID) Number. In conjunction with this Statute, the Department is also required to verify the accuracy of information related to businesses who possess these Numbers. The amount of the fee required is determined by the number of people employed' with the entire organization<sup>2</sup>, and shall be owed for each of your locations which possesses an EPA ID Number. However, no organization shall be assessed fees that exceed, in total, five thousand dollars (\$5,000). The table below is designed to assist you in determining your Verification Fee category.

NUMBER OF EMPLOYEES IN ORGANIZATION	AMOUNT OF FEE IMPOSED
1 through 49	No Fee
50 through 74	\$150.00
75 through 99	\$175.00
100 through 249	\$200.00
250 through 499	\$225.00
500 or more	\$250.00
Maximum fee not to exceed	\$5,000.00

#### MANIFEST FEE

Health and Safety Code Section 25205.15 requires the Department to impose a fee of twelve dollars (\$12) for each California Uniform Hazardous Waste Manifest (Manifest) form submitted to the Department by any person in a calendar year. It is important that you <u>read</u> and <u>understand</u> the following limitations to see if any or all apply to your organization.

• If your organization employs less than one hundred (100) employees, the first four (4) manifests submitted to this Department are free of charge and are not included in determining your manifest fee (if any).

If your organization submitted manifests "solely" for wastes to be recycled, the fee per manifest is six dollars (\$6) on those manifests only. In addition, total fees for the six dollar (\$6) recycled waste manifests are limited to five thousand dollars (\$5,000) per each EPA ID Number. NOTE: The \$5,000 limit does not apply to the twelve dollar (\$12) manifests.

IT IS EXTREMELY VITAL THAT YOU CONSIDER THESE EXEMPTIONS AND LIMITATIONS WHEN CALCULATING YOUR ORGANIZATION'S MANIFEST FEE.



For purposes of this section, the number of employees employed by a corporation is the number of persons employed in this State for more than 500 hours during the previous calendar year for which the fee is due.

<sup>&</sup>lt;sup>2</sup>For purposes of this section, organization is defined as a registered corporation, single proprietor; partnership; company; agency; department; or district.

#### IMPORTANT

You are required to submit payment of fees along with the completed Fee Return and Questionnaire within 30 days of receiving this notice. If you fail to do so, your EPA ID Number(s) will be inactivated. Any use of an inactive EPA ID Number will be subject to enforcement action resulting in substantial penalties and/or fines. If you wish to cancel an EPA ID Number because your company is relocating, going out of business, or no longer manages any hazardous waste, please indicate that by placing an "X" in the box on Line 9 when completing the Questionnaire form and your EPA ID Number will be inactivated. However, you are still required to pay any fees relating to that EPA ID Number for this current billing cycle.

#### INSTRUCTIONS FOR COMPLETING THE FEE RETURN FORM

NOTICE:

If your organization has received multiple Fee Returns and Questionnaires for various sites, you may complete one Fee Return to report the total amount owed for all your locations. <u>However</u>, you must complete a separate EPA ID Number Verification Questionnaire for each EPA ID Number associated with your organization.

#### **EPA ID NUMBER FEE:**

Verify the EPA ID Number pre-printed in this section is one that your organization uses for a particular location. If you do not recognize this number, please call the Department for assistance.

- Line 1: Enter the nine digit Federal Employer Number assigned to your organization by the Federal Government for tax reporting purposes. Your organization's accounting department can assist you in identifying this number. (Providing this number will enable the Department to combine Fee Returns and Questionnaires in the future for organizations with multiple EPA ID Numbers and locations).
- Line 2: Enter the total number of individuals employed by your entire organization, <u>not</u> just at the location for which the above EPA ID Number has been assigned.
- Line 3: Enter the fee amount, from the chart on page 1, that corresponds with the number of employees entered on Line 2.
- Line 4: Enter the total number of EPA ID Numbers assigned to your entire organization.
- Line 5: Multiply the fee indicated on Line 3 by the number of EPA ID Numbers indicated on Line 4 and enter the result.

#### MANIFEST FEE:

Verify that the number of manifests pre-printed in this section is the same number of manifests that the location records indicate for the EPA ID Number shown. If location records show a different number, use that number in your calculation.

- Line 6: Enter the total number of manifests submitted by your entire organization during 1992. For organizations with multiple locations, report all location's manifests on one form. REMEMBER: if the total number of employees reported on Line 2 is less than one hundred (100), you do not report the first four (4) manifests used during the year.
- Line 7: If any of your manifests were used solely for the disposal of recycled waste, those manifests qualify for the six dollar (\$6) fee. You MUST complete and attach the enclosed "Worksheet A" and enter the total amount calculated here. REMEMBER: The total manifest fee on Line 7 shall not exceed five thousand dollars (\$5,000) per EPA ID Number.
- Line 8: Enter the total number of manifests used for wastes <u>not</u> recycled. (This would reflect any manifests submitted but not included in the calculation on Line 7.)
- Line 9: Multiply the number of manifests entered on Line 8 by twelve dollars (\$12) and enter the result.
- Line 10: Add the amount reported on Line 7 to the amount reported on Line 9 and enter the total of these two lines. This is the total Manifest Fee your organization is required to pay.

#### TOTAL FEES DUE:

Line 11: Add the amount reported on Line 5 to the amount reported on Line 10 and enter the sum of these two lines. This is the total of all fees your organization is required to pay.